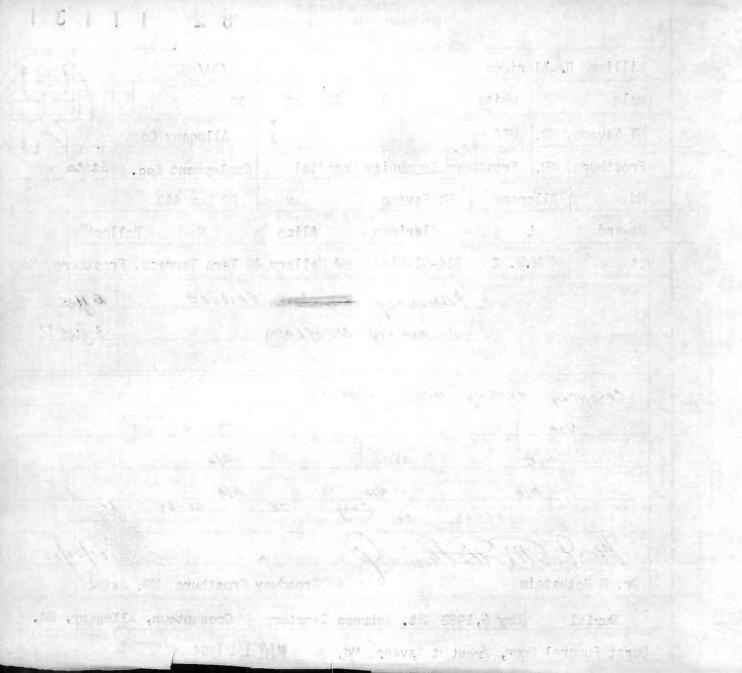
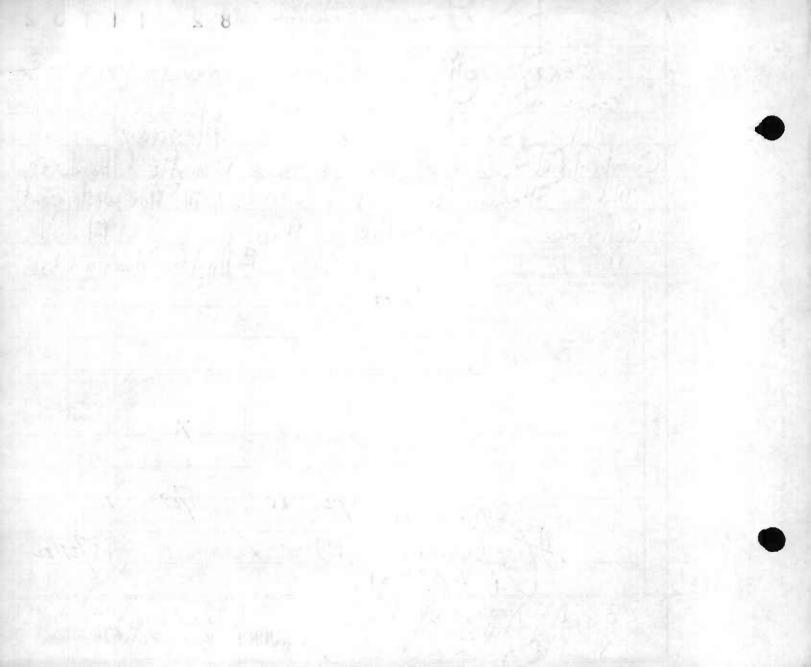
		FOR - STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	REG. NO.	11131
	(TYP	CEASED NAME FIRST	dridge		LAST	5/04/ 82	7:20
	3 SE	male	white	5.	DATE OF BIRTH 5 O'S	6. AGE (IN YEARS LAST BIRTHOAY	
3		RTHPLACE (STATE OR FOREIGN COLLINEY) Savage, MD.	76 CITIZEN OF WHAT C	/	MARRIED NEVER MARRIED	677	DUNTY OF DEATH
51	-5.11	Frostburg, MD.	Frostburg	Commun	HOME OR OTHER INSTITUTION ,	TYPE OF WORK FOR MOST OF WORE Employment S	RKING LIFE) 126. KIND OF BUSINESS INDUSTRY. State
35	13a.			YOR TOWN		PO Box 440	
10	14 F	Howard	MIDDLE	Aldrid	ge Affice	MIDDLE	Pollock
medico	16a \	VAS DECEASED EVER IN U.S. AR		1-01-01		48 Tarn Terrac	ce, Frostburg, M
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CO (b) PL DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTERY	ONSEQUENCE TING TO DEA	lof NEOPLASN	200 AUTOPSY? 20b	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH:
9 0		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY	NTH DAY	YEAR	RRED (ENTER NATURE OF INJURY IN IT	YES NO
-/	MEDICAL	(IF EITHER NOTIFY MEDICAL ENDINGED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJUI (AT HOME STREET FACTO	RY DRY, OFFICE FARM,	21f LOCATION	N/A CITY OR TOWN	COUNTY STA
		270 1 certify that (I) (this hospisow the deceosed alive on obove, (I) (we) (did) (did no 27b. SIGNA) URE 27d. PHYSICIAN'S NAME (TYPE of Dr. M Rothste	1) view the body ofter dec	1082	ond that in (my) (our) opinion DEG EE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF	22c. DATE SIGNED D5/04/82
	23a E	URIAL, CREMATION, REMOVAL	23b. DATE		E OF CEMETERY OR CREMATORY	23d. LOCATION	
- B1		Burial UNERAL DIRECTOR DURST FUNERAL I	May 6,1982	ADDRESS	84.0	Cresaptown ATE REC'D. BY REGISTRAR TOWN Y 1 1 1982	Allegany, M



	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 CERTIFICATE OF DEATH REG. NO.	3 2
or Carry Electric Carry Electric Carry Car		CEASED NAME FIRST EORPRINT) BERTH X Female	A ANGLE 10. DATE OF DEATH MONTH DAY YEAR 1982 S. DATE OF BIRTH YEAR 10. AGE (IN YEARS AST BIRTHDAY) IF UNDER LYEAR MONTH DAY 1891 YRS YRS	2b. HOUR 2 A M IF UNDER 24 HRS HOURS MIN
s ofter death. For	C		CITIZEN SE WHAT COUNTRY? 8 MARRIED NEVER MARRIED NOT DIVORCED SET STATEMENT OF COUNTY OF DEATH	MD.
ithin 24 hours off	130.	ATHER'S NAME	THER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION 13d INSIDECITY LIMITS? 130 STREET ADMESS HUR WESTER 15 MOTHER'S MAIDEN NAME	inport
be executed with the second of	16a. \	PERST MIDD WAS DECEASED EVER IN U.S. ARMED YES, NOORUNK WOWN) (IF YES, GIVE WA	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT GOOGE FANGLE-SYLVANIA	Jards Ohio
NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours attending physician. With this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filled than Mental Hygiene prior to burial, cremation, ar removal. Output B shows any injury, or other traumatic event, the medical examiner must be no arked or liter.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause last	DI.	KIMATE INTERVAL ONSET AND DEATH
ow requires the been signed the prior to burial.	CATION	PART 2 OTHER SIGNIFICANT CON	DIDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. HEYES, WERE FIND IT	NGS LISED
DING PHYSICIAN. The lo or attending physicion. After this certificate hos se os the buriol-tronsit per oith and Mental Hygiene, marked or Item 18 shows	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	P.M. 19 21e. PLACE OF INJURY 21i LOCATION	NO 🗆
VITENDI Spitol or STOR. A for use of Heol	W	WHILE ATWORK NOT WHILE AT WORK 22a. I certify that (1) (this haspital) sow the deceosed alive on above, (1) (we) (did) (did not) ye 22b. SIGNATURE	attended the deceased from 19 22, ond hat in (my) (our) opinian death occurred on the date and hour and from the DEGREE 22, DAT	that (I) (we) last couses stated
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be defoched with the Stote Dept.	220 5	22d. PHYSICIAN'S NAME (170 PRI	1. HAZMOS	1/82
BP	(IURIAL, CREMATION, REMOVAL 7 SPECIFY) UNERAL DIRECTOR	236. MANE OF COMETERY OR CREMATORY 236. MANE OF COMETERY OR CREMATORY 236. LOCATION CITY OF TOWN COUNTY C	CYUNY MIC

STATE OF MARYLAND



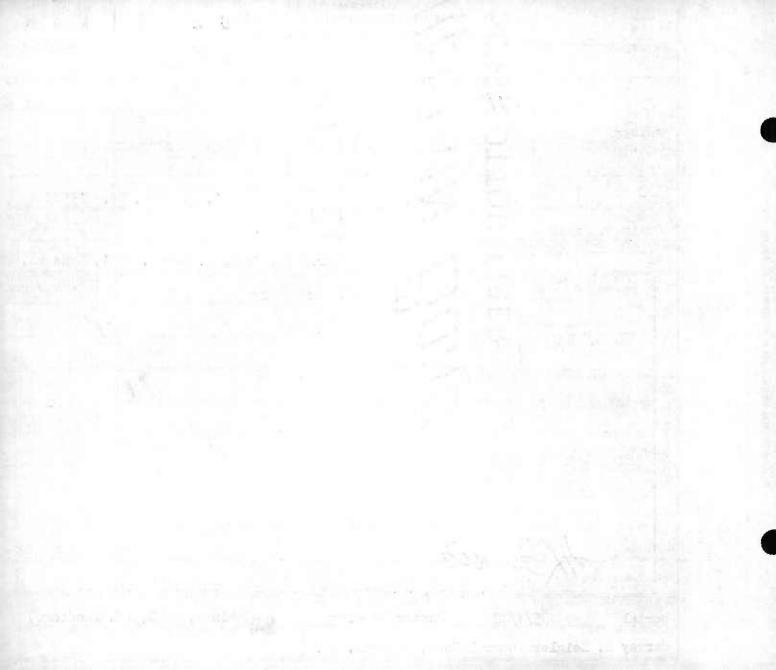
SILCOX-MERRITT, 404 DECATUR ST., CUMB.MD. 125 625

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- 1-	FOR STATE REGISTRAR		ME		NT OF HEAD	F MARYLAND TH AND MEN CERTIFICA	ITAL HYGIE	ATU -	REG. NO.	1 1	3 4	
	CEASED NAME PE OR PRINT)		rin	MIDDLE	rles	Baker		28. DATE KNO OF ES DEATH MA	TI- MON	E /	9 82	HOUR
3. SE	male	4. RACE white	5. DATE OF BIRTH	YEAR 6. A			UNDER 24 HRS	PRONOUNCED DEAD		TH DAY	YEAR 2d	HOUR 46
70. B	RTHPLACE (ST REIGH COUNTRY) RYLAND	ATE OR	76. CITIZEN OF W	VHAT COUNTRY?	MA	RRIED NEVER	R MARRIED DIVORCED	9 BALTIMORE Alleg	any Co	UNTY OF D		MC
= 50 c	umber la	ind	Memor Memor	ial Hosp	ital	OTHER INSTITUTIO		SUAL OCCUPATION MOST OF WORKING		ORK 12b KIN OR	D OF BUSINE	SS
PI DISUN 130. S PI	AL RESIDENCE TATE NNSYLV	131 COUN		13c. CITY OR 1 HYNDMA	NWO	13d. INSIDE CITY		REET ADDRESS	lman, F	a. 1	5545	
NONO DIGEN	raig S.		MIDDLE	LAST	31	15. MOTHER'S Brend	a G. No	AND DIF		U	AST	
2 0	VAS DECEASED ES. NO, OR UNKNO	DEVER IN U.S. AR/	MED FORCES? WAR OR DATES)	T6b. SOCIAL S	SECURITY NO.	Mr./Hi		lg S. Bal	odress ker, RI	#1, H	ynaman	, P
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Condition gove ris couse (o) lying cou	is, if ony, which the to immediate stating the undersee lost.	DUE TO, O	r as a conseq r as a conseq	UENCE OF	Death Syn					ROXWAÎTÊ INTER	
JRIAL, CI	190. DATE OF	OPERATION	19b. COND	ITION FOR WHIC	H OPERATION	WAS PERFORME	D?				JTOPSY?	o []
MEDICAL CERTIFICATION	UNDERLYING	NG CAUSE OF I	DEATH P./	M. MONTH DAY	YEAR	HOW INJURY OF	CCURRED (ENTER	R NATURE OF INJURY IN	ITEM 18 PART 1 C			
MEC		NOT WHILE C	STREET FAI	CTORY, FARM, ETC.)	HOME, 211.	STREET		CITY OR TOWN		COUNTY	S	STATE
B1	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN URIAL CREMA PECHY UNITAL UNITAL UNITAL	NAME NOTURE TON, REMOVAL 2	3b. DATE 5/8/82	Guard M. 23c. NAME Porte	D. OF CEMETER	Homicide TITLE (SPEC	CIFY) Stant MEI 111Penn Y	Inquiry Inquiry Inquiry Inquiry Inquiry Inquiry Inquire Inquiry Inquire Inquir	DA SIG	MD 21	Hearnd)	82
			r Funeral	Home,	Hyndman					THE PERSON NAMED IN	100	



- STATE

1. DECEASED NAME

REGISTRAR

LAYMAN NATALE, CUMBERLAND, MD. ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) COUNTY and that in (my) (our) apinion death occurred on the date and haur and from the causes stated 220 DATE 907 SETON DRIVE, CUMBERLAND, MD.21502 CITY OR TOWN BURTAL MAY 29, 1982 JOHNSON CEMETERY 24 FUNERAL DIRECTOR 57 FROST AVENUE DHMH - 16 50M 1/B1 (VRA 15, 4) DURST FUNERAL HOME FROSTBURG, MD. 21532

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

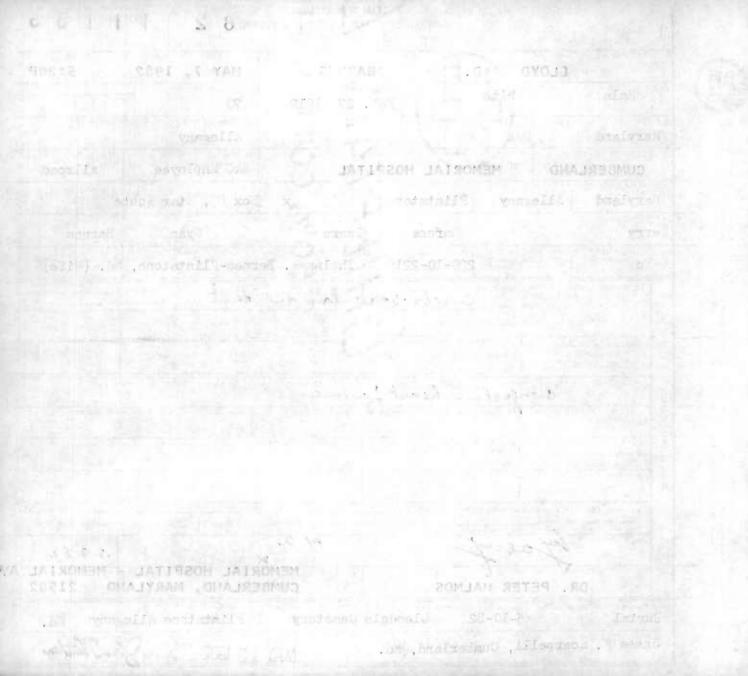
12b. KIND OF BUSINESS OR

IF UNDER ! YEAR

20. DATE OF DEATH MONTH

1311/49 RRHOH (RBTLAN) VPULLS TILESTIN SACRED HEART HOSPITAL SOCIE . CE VIII. C. TO . LEYER STATE . CO. . LINIV. St. STATE Level 1 knows have (colors) - Tulkin 2/10 1/2/2 (2 1/26 80 0 Calleria, lino ENGLAS PRINCIPAL SOFT THE AVERNOT MALE AND STATE OF THE SOFT AVERNOT BURST FINGERS WHE PROSTRURG, No. 21772

1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 1 REG. NO.	1136
	ECEASED NAME FIRST PE OR PRINT) LLO	D D.	BARNES	MAY 7, 1982	YEAR 26 HOUR 5:20P
3 SI	Ex Male	'White	Feb. 27 DAY 1912 AR		IF UNDER 1 YEAR IF UNDER 24 M
35 B	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED WEVER MARRIED WIDOWED DIVORCED	O BALTIMORE CITY OR COUNTY	OF DEATH
0	CUMBERLAND	MEMORIAL H	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (BEO Employee	126 KIND OF BUSINESS (INDUSTRY Railroad
130		TOTHER INSTITUTION GIVE RESIDENCE BEFORE TO FINE TO FI		Box 83, Star Rou	te
630	FATHER'S NAME PIRST	MIDDLE Barnes	15. MOTHER'S MAIDEN N	Ryan	Barnes
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECTION (F WAR OR DATES) 220-10-2		Barnes-Flintstone,	Md. (Wife)
NOIL	Ce	mjustive hea	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(o
CERTIFICATION	19a DATE OF OPERATION		HOPERATION WAS PERFORMED	YES NO YES	
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHER MEDICAL EXAMINED		19 211 LOCATION	RRED (ENTER NATURE OF PUJURY IN ITEM 18 PA	RT T OR PART 2) COUNTY STATE
~		tal) attended the deceased from 19	. 19	, to, l	
	22b. SIGNATURE	agrif		MEDICAL STAFF MEDICAL STAFF PHYSICIAN	5. 9. 82.
1		TER HALMOS	CUM	ORIAL HOSPITAL BERLAND, MARYLA	- MEMORIAL AND 21502
E	BURIAL, CREMATION, REMOVAL	5-10-82 G16	NAME OF CEMETERY OR CREMATORY endale Cemetery	Flintstone Alle	
24 E	James F. Scarpe	lli, Cumberland,	Md. MA)	13 1982 Theres	AR'S SIGNATURE



		REGISTRAR CEASED NAME FIRST PE OR PRINT) / NS-1		MIDDLE MIDDLE		AST .	2a. DATE KNOWN		DAY YEAR 2
N S S S	1,	Mabel (Mab	el)Lorene	Barnett			OF ESTI- DEATH MATED	15-23-	82 19
(M)	3. SE)	F White	5. DATE OF BIRT	Y YEAR LAST BIRTHI			MIN PRONOUNCED	-23-82	DAY YEAR 1
H 新 B E B	FC	RTHPLACE (STATE OR DREIGN COUNTRY)		WHAT COUNTRY?		D NEVER MARRIE	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH
图55	111	linois ITY OR TOWN OF DEATH	USA	OSPITAL, NURSING HOM	WIDOWE		Alleg	any	& KIND OF BUSIN
PAGE FILED	1		(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)		KINSTITUTION	FOR MOST OF WORKING LIFE)	THE OF WORK	OR INDUSTRY
ANY DELA AND 3 TO RETAIN P. HOULD BE RECORDS.	USU	L RESIDENCE (IF IN MURSING HOW	Memor Memor	GIVE RESIDENCE BEFORE ADMISS	SION)		Housewife		Home
IF ANY DELA 2, AND 3 TO 3. RETAIN PA SHOULD BE IN RECORDS,	W. W.	V Mi	neral	Ft. Ashby	1	3d. INSIDE CITY LIMITS? YES NO 1	Star Rt. 1,	Box 27	7
FISOF	1	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME		LAST
DEATH OAND AND	7	Franklin Baker					e Elder		
and the first of the same of	2 160. \		ARMED FORCES?	16b. SOCIAL SECURI	Carrier II	7. INFORMANT	ADDRI	ESS	
S AFTER GIVE PV GIVE PV TITH FOI PAGES VISION		No		306 40 598	37	Nancy Pyl	es Ft. Ashby	, WV D	aughter
		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	anly ane cause per li						APPROXIMATE INT
ON STEM TIEM TONG TEM TIEM TIEM TIEM TIEM TIEM TIEM TIEM			IATE CAUSE (a)	Cardiac Arr					
NA PARA		1319		OR AS A CONSEQUENCE	OF			2010	
A A KEN		Canditions, if any, whi	ch (b) Ca	arcinoma of	the S	tomachGer	neral Metasta	sis	1000
* YANTANA		cause (a) stating the unde		OR AS A CONSEQUENCE			100000		2010
E FZXXXXX		lying cause last.	(1)						
		1							
AAL E AND AND ATIO		PART 2 OTHER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TER	ALARAM DISEASE	DR CONDITION GIVEN IN PART	1(a)		
E EXECUTE IN THE PROPERTY OF T	Z.	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TER	MINAL DISEASE (DR CONDITION GIVEN IN PART	1 (a).		
LD BE EXECUPENDING: 1 REDICAL E D AS A BURI HEALTH AND L, CREMATIC	ATION	PART 2 OTHER SIGNIFICANT CONDITION		TH BUT NOT RELATED TO THE TER		100	1 (a).		20 AUTOPSY2
HOULD BE EXECUTE TO THE MEDICAL BUSED AS A BURION OF HEALTH AND THE MEDICAL BURION OF HEALTH AND THE BURION OF HEALTH BURI	FICATION					100	1 (a).		20 AUTOPSY?
E SHOULD BE EXECUTED WITHIN 24 HOURS, WORD "PENDING" IN PENCIL IN ITEM 18. GI E CHIEF MEDICAL EXAMINER ALONG WITH BE USED AS A BURIAL - TRANSIT PERMIT. PA NT OF HEALTH AND MENTAL HYGIENE, DIMI	RTIFICATION	19c. DATE OF OPERATION	196 CONE	DITION FOR WHICH OPE	RATION WA	S PERFORMED?			YES 🗆 N
CATE SHOULD BE EXECUTE HE WORD "PENDING". IT THE CHIEF MEDICAL EULD BE USED AS A BURINAMINO FIREMINAND TO FIREMINA	L CERTIFICATION	19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS	19b CON(RATION WA	S PERFORMED?	(enter nature of injury in Item	N 18 PART I OR PART :	YES 🗆 N
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	1	FOR	STATE OF MA DEPARTMENT OF HEALTH A	AND MENTAL HYGIENE	11138
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and the second		CEASED NAME EOR PRINT	Be Be	20 DATE KI OF DEATH A	NOWN MONTH DAY YEAR 25. HOUR ESTI- MATED 5 6 19 82 4.4.
	3. SEX			ER TYR. IF UNDER 24 HRS. 24. DATE DAYS HOURS MIN. PRONOUNC DEAD	MONTH DAY YEAR 2d HOUR
PRESTOR NUMBER		RTHPLACE (STATE OF	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEL	NEVER MARRIED	RECITY OR COUNTY OF DEATH
LAY IS NO THE FLED,	10 5	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	NINSTITUTION 12ª USUAL OCCUPA FORMOST OF WORKIN	TION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
MD. 21201 H. IF ANY DELAY IS NECESSA. 7. 2, AND 3 TO THE FUNERAL 7. 2 SHOULD BE FILED, WITHIN	USU/ 13015	TATE 136. GOULD	and a second second	3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	ev 479
:: F2€5≥)//	14. F	ATHER'S NAME		5. MOTHER'S MAIDEN NAME	DIE WHIT MIRE
T., BALTIMORE, MD. 21201 JURS AFTER DEATH. IF ANY 18. GIVE PAGES 1, 2, AND 3; WITH FORM PM 3. RETAINIT PAGES 1 AND 2 SHOULE E. DIVISION OF WITAL RECOSES.	16a. \	VAS DECEASED EVER IN U.S. AF ES. NO. OR UNKNOWN) (IF YES, GIV	FORCES? 166. SOCIAL SECURITY NO. 17	LACON MILLER	ADDRESS BOX 479
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATO AFTER DEATH, WITH THE STAR BALTIMORE, MARYLAND, 21			f the remains described above, held an Autapsy causes , Accident , Suicide ,	Homicide Undetermined man	DATE SIGNED 5-6-82
AEDIC ECUTET GE 4 SP FUNE TTIMOR		EXAMINER'S NAME (TYPE OR PRINT)	Francisco Reyes AD	DDRESS 1112 Bishol	Walsh Dr. Cumberky
Bb	23a.B	URIAL, CREMATION, REMOVAL	DATE AY 8, 1982 ST. GEORGE	CREMATORY 23d LOCATION CITY OF LOWIN	AVACE PARY LAND
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24. F	DURST FUNEA	LHOME, FROSTBURG,	MAY 13 1982	256. RECISIONAL SSIGNATURE

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	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLA LEALTH AND N ICATE OF D	ENTAL HY	GIENE 8	2 REG. N	10.	1	1	3 9
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	27s I certify that II saw the deces above (II (we) 27h SIGNATURE	ed aliveran	May	19 10	F2.0	DEGREE	our) opinion	MEDICAL	_ STA	FF		from the	
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24 FUI	PERAL DIRECTOR James F.	Scar		ADDRECE			25	Ree D By	AND DE	735 REGI	116.00	SIGNAT	URE , M

DHMH - 16 50M 1/81 (VRA 15, 4)

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		CEASED NAME FIRST	WIDDLE		LAST		20. DATE OF DEATH		AY YEAR	2b HOUR	-
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	3. SEX	(4 RACE		E OF BIRTH	V5.40	6 AGE IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H	
		Male	Whit	e	5/2/19	30 YEAR	52	YRS	ON INS	HOURS M.	N.
5		RTHPLACE (STATE OR FOREIGN	U.S.A.	MAR		ER MARRIED	9. BALTIMORE CITY				
2	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPIT		E OR OTHER	INSTITUTION	ALLEGANY 12a. USUAL OCCUPA	TION	12h KIND OF	F BUSINESS (MD.
2	. (Cumberland AL RESIDENCE (IF NURSING HOME OR		Y GIVE STREET ADDRESS)			Salesma	OF WORKING LIFE) INDUSTRY		
5	13a S	AL RESIDENCE IT NURSING HOME OR TATE 136 COUN ALL	other institution, give resists of the gany Lo.	SIDENCE BEFORE ADMISSION OF TOWN, NACONING	13d INSIE	DE CITY LIMITS?	13e. STREE ADDRESS	udley	Stree	t	
0	14 FA	THER'S NAME Robert	MIDDLE	Blair	15. MOTH	HER'S MAIDEN NA Mary	WE		Steve	nson	
~		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SO	OCIAL SECURITY NO		rmant y Ann I		RESS Onacor	ning,	Md.	
	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRIB	CONSEQUENCE O	EUT NOT RELA	ITED TO THE TERM	AINAL DISEASE OR CO			No	_
1	CERTIFICATION	TYL. DATE OF OPERATION	198 CONDITION F	OR WHICH OPERA	TION WAS PE	KFOKMED	YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?	
3		210, ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA	HOUR A.M. M	ONTH DAY YE	AR 9	V INJURY OCCUR	RED (ENTER NATURE OF IN.	JURY IN ITEM 18 PAI	RT I OR PART 2)	it if a	
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		obove. (1) (we) (did) (did no 22b. SIGNATURE	t) view the body ofter d	eoth.	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST.	AFF	22c. DATE S		
		Khedee A	shker,	MD.	22e ADD			5			
	23a B	urial, cremation, removal SPECIFY Burial	236. DATE 5/7/82	Sunse		or CREMATORY	Park Cum	berlar	na A.	_Md"	
		NERAL DIRECTOR CHORN FUNERAL H		4DDares	ONING,	25a. DA	Yo. Iv (Ic) 48	R75b Rediter	Mas Sylvan	ilin	ie .a

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REGISTRAR

542 N. Mechanic Street Schwinger 611 Kent Avenue Cumberland, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [GREENE STREET CUMBERLAND, MARYLAND 21502 May 10.1982 Cedar Lawn Mem Park Md Burial Hagerstown Washington 404 Decatur St 250. DATE REC'D, BY REGISTRANDE REGISTRANS STOKATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Silcox-Merritt Funeral Service.Cumberland. Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG NO

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SCARPELLI FUNERAL HOME: 108 VIRGINIA AVE.

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W. PRESTON ST.

DIVISION OF VITAL RECORDS,

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•	1	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	GIENE 8 2	11	4 4
be th		ECEASED NAME E OR PRINT)	ETHE!		RACE		SERMAN	MAY 13, 1982	DAY YEAR	26 HOUR AM 8:35 M
e 4 moy	3. SE	FEMALE		4 RACE	me	5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	741
oth. Page	7a. B	IRTHPLACE STATE OR	FOREIGN		WHAT COUNTR	MARRIE	11 1902 D XX SEVER MARRIED	9 BALTIMORE CITY OR COUN		
rs ofter de by the funditied within		PA. ITY OR TOWN OF DEA CUMBERLAN					OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSE WIFE	12%, KIND C INDUSTRY	MD. OF BUSINESS OR
y filled in should be for must be	13a M	AL RESIDENCE (IF NURS STATE ARYLAND	13b COUN		13c. CITY OR TO		13d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS RFB# 2 BOX#	105	
ompletel ond 2	14. F.	ATHER'S NAME FIRST JOHN	A	R.	ELBI	V	15. MOTHER'S MAIDEN NA FIRST WILLTE	ME MIDDLE .	SMITH	šī T
n ond co		WAS DECEASED EVER		MED FORCES? WAR OR DATES)	212-74-		17. INFORMANT REED CLINGER	ADDRESS WAN RFD#2 FLINT		MARYLAND
juries that the death	z	Conditions, if any gove rise to improve (a), static underlying couse	nediote ig the last.	(b) DUE TO, O	OR AS A CONSECUTION ON TRIBUTING T	QUENCE OF	Deens Der	John Descar	GIVEN IN PART 14	01
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nding physic inding physic this certificat e buriol-trons d Mentol Hyg for frem 18 s	MEDICAL CE	216. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR	CAUSE OF DEAT CALEXAMINER)	P. 21e. PLACE	OF INJURY .M. MONTH .M. OF INJURY REET, FACTORY, OFFIC	19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART 2)	STATE
TTENDING I pitol or atte TOR: After for use as th of Health on 21 is marked	2	WHILE NOT WE AT WORK 22a. I certify that (I) sow the decease above, (I) (we) (a	(this hospite	ol) ottended th	ne deceosed from	n	1962	to \$12	. 1982	that (I) (we) lost
HOSPITAL OR A ined by the hos FUNERAL DIRECTURES of the Store Dept.		226. SIGNATURE	el_	1	seen	mo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	signed,
retoined by TO FUNERAL should be de with the Stot	00	DR. WIL	LIAM	P. IA	MES		441 N. CEN	NTRE ST., CUM	BERLAND), MD
BP		BURIAL, CREMATION, (SPECIFY) BURI		MAY 2	1 1982 F	AIRVIE	EMETERY OR CREMATORY CEMETERY	INGLESMITH BE		
DHMH - 16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR SILCOX-MERI	RITT F	UNERAL	HOME AD CIT	MRERIA	ND MARYLAND	E REC'D. BY REGISTRAR 25b. REGI		URE

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A STATE OF THE STA 2001 [1 A STANSFELL OF ALLEGALY STREETS IN SER 2 BOX 105 MATERIAL SECTION SECTI 212-74-2943 TEED CITY COURT HOME BETT SEED, WATCHED MINISTER CONTRACTOR OF THE STATE OF THE STAT THE THE PARTY OF T THE PARTY OF THE PARTY WHEN THE PARTY WITH THE PARTY OF T

FOR - STATE

REGISTRAR

Imes ADDRESSRidgeley. Regina P. Collins Rt. #1 Box 501 4len PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (pur) opinion deoth accurred on the date and haur and from the couses stated 22c. DATE SIGNED 5-1-82 955 FREDERICK STREET Zion Mem. Cemetery Cumberland 24. FUNERAL DIRECTOR DHMH - 16 50M 1/81 H. Wayne George 302 Greene St. Cumb. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO

26 HOUR

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- STATE

TYPE OR PRINTS

REGISTRAR

1. DECEASED NAME

109 Winslow St.-Bel Air LAST Mr. Harold E. Critchfield, Cumberland, Son METWEEN ONSET AND DEATH TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MARYLAND CITY OR TOWN 5-25-1982 Harmony Cemetery Burial Burton, West Virginia BY REGISTRAR 25 REGISTRAR SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 50M 1/81 James F. Scarpelli, Cumberland, Md. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12h. KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

Gas Co.

5:30P

20 DATE OF DEATH MONTH

CHARLES WENY CRITCHTTELD MAY 217 1982 - 15:368 TOTAL TELES march to All and carried the berryal The Tolle of the Police of the State of the American State of the Stat The Walter Illy CUMBIRILAND . LIVARYI AND T.E. WILLIAMS, M.D. name of the same of the same Series Commelia, Suntarions, Holy 1992 . 1 1993

(VR A 15 (4))

STATE OF MARYLAND

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MPORTANT ld be of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 1 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 29. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 2:55 LILLIAN IRENE DAVIS MAY 1982 1 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR WHITE SEPT 15 1928 FEMALE BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PA. USA DIVORCED TX WIDOWED ALLEGANY COUNTY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CUMBERLAND SACRED HEART HOSPITAL MANAGER BOOK STORE -RETAIL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. CITY OR TOWN 13e. STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? W. VA. MINERAL FORT ASHBY YES T NOX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE DAVID CAMPBELL CARRIE (UNK ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-24-1345 no STUMP FORT ASHBY, W.VA. APPROXIMATE INTER CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 200 AUTOPSY?

190 DATE OF OPERATION

71a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

AT WORK

21d. INJURY OCCURRED

WHILE

226. SIGNATURE

CONDITION FOR WHICH OPERATION WAS PERFORMED

19

MONTH DAY YEAR

211 LOCATION

STREET

NOV 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

YES NO [

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

220.1 certify that (I) (this haspital) attended the deceased fro sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.

DEGREE

ATTENDING PHYSICIAN DIRECTOR

PHYSICIAN

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22d PHYSICIAN NAME (TYPE OR PRINT) RENATO ESPINA.

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22e. ADDRESS 907 SETON

21502 DRIVE. CUMBERLAND. MD.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION

23b. DATE JUNE 1 1982

71h. TIME OF INJURY

P.M

21e. PLACE OF INJURY

HOUR A.M.

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

WESTVIEW MEMORIAL PARK BALTIMORE BALTIMORE MARYLAND

24 FUNERAL DIRECTOR

MEDICAL

SILCOX-MERRITT FUNERAL HOME

404 DECATUR CUMB. MD.

DHMH - 16 50M 1/B1 (VRA 15, 4)

FUNERAL

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BP.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME AALCYDYS LAST

28 DATE OF DEATH MONTH 26 HOUR MAY 10,1982 11:30/

IF UNDER LYEAR

BALTIMORE CITY OR COUNTY OF DEATH

12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Thomas B. Finan Center

APPROXIMATE HITERY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUSINGT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (4)

20k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHY YES. NO.1"

THE HOW INJURY OCCURRED (ENTER NATURE OF PLEASE IN TERM 18, THAT) DISPART JS

COUNTY

224 DATE SKINED

STATE

23¢ NAME OF CEMETERY OR CREMATORY

COUNTY Allegany Co. Cemetery Cumberland Burial

John J. Hafer, Jr. La Vale. Md.

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TYPE OR PRINTS

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4	S. CENTRE STREETERLANDE		R. HILTEN	NOTHER SME	

James F. Scarpelli, Cumberland, Md.

FOR

REGISTRAR I. DECEASED NAME

24 EUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15. 4)

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

21502

COUNTY

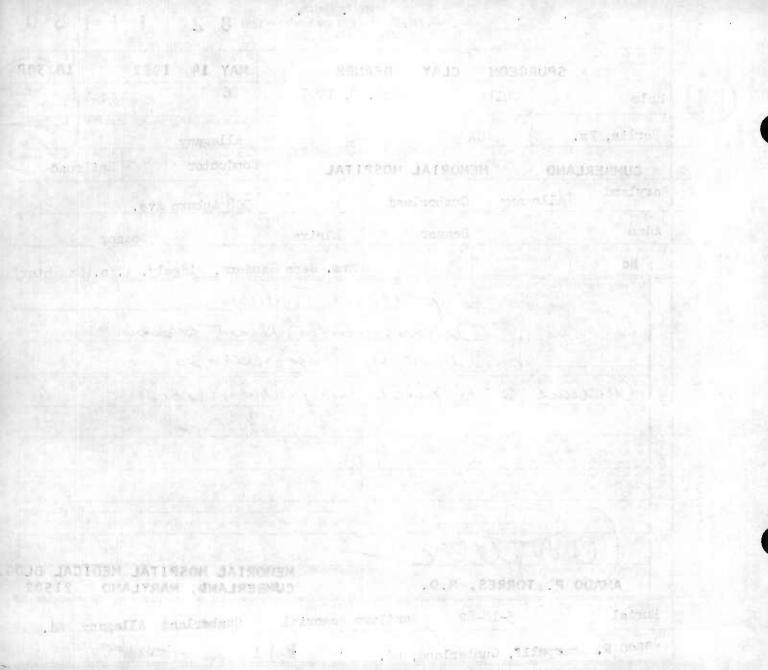
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22c. DATE SIGNED

Mailroad

Deaner

10:30P



	1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE8 2	1 5
P 45	1, (1	PECE ASED NAME FIRST PE OR PRINT) ETHEL	LENA	DeSHONG	2a. DATE OF DEATH	MONTH DAY YEAR 25. HOUR
s after a	3.	FEMALE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 12 27 1890	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
neral directon 72 hours at	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) WEST VIRGINIA	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY C	DR COUNTY OF DEATH
by the funeral of filed within 72 h		CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFE	ION 126. KIND OF BUSINESS OR INDUSTRY
ely filled in 2 shauld be filler inermust be	13	FATHER'S NAME	GANY WESTERN	13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN N	130. STREET ADDRESS HT. 1 BOX	77 WESTERNPORT, MD.
du o o		HENKY	MIDDLE LAST	MARY	WIDDLE	TASKER
Pages I	160	(YES, NOR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		DESHUNG Wes	ternport. Md.
emaval.		PART I. DEATH WAS CAU	only one couse per line for (a), (b)	ond (cip) _ 1	mia	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH Z. G.C.Y.
please remark carbon papers irial, cremation, or remaval. , or ather traumatic event, the		Conditions, if ony, which gove rise to immediate cause o , stating the underlying cause lost.	DUE TO, OR AS A CONSE	QUENCE OF		years
mit. Then prior to bu ony injury	A CEPTICATION			TO DEATH BUT NOT RELATED TO THE TE	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
urial-transit per tental Hygiene Item 18 shaws	/ 1	OR CONTRIBUTION CALLES OF		DAY YEAR	YES NO	YES NO D
olth and Mental	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	19 211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
for us of He 21 is		sow the eleceosed plive obove (1) (ive) (did) (did	pitoh attended the deceased from	ond that in they) (our) opinion	on death occurred on the	19 22, that ()(we) lost late and hour and from the causes stated
		22b. SUDNATURE	iles !	DEGREE ATTENDING PHYSICIAN		FF CIAN S' 20 8 2
Should be deto with the State		220, PHYSICTAN'S NAME (TYPE)	LES JR	M) 22e ADDRESS	aconin	g md
		BURIAL, CREMATION, REMOVA	236. DATE 2 26 5/22682	PHILSO CEMETERY OF CREMATOR	WESTERNEU	COUNTY STATE
60M 1/73 15 (4))		FUNERAL DIRECTOR	BOOK TON P. A. WIST		MAY 2 4 1982	25b. REGISTRANS SCHATURE
15 (4))		NAME Colored	PHVICE PA WIS		MAY 2 4 1982	Name of

STATE OF MARYLAND

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corbanpapers. Pages 1 and 2

injury, or other troumatic ev

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove corban papers : shauld be detached for use as the buriol-transit permit. Then please remove corban pape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal. FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

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REGISTRAR				CLKIII	IICAIL OF	PLATII	REG. N	0.		
DECEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
TYPE OR PRINT)	WAVIE		PEARL	-1	DIVELBI	SS	MAY 6, 198	32		3:25P
SEX	4.	RACE		5. DATE	OF BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
Female	1	Cau		04	04 DAY	VE AR 06	76	YRS	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE O	PR FOREIGN 76	USA	WHAT COUNTRY?	MARRII WIDOW	ED NEVER	MARRIED X	9 BALTIMORE CITY C			M
CITY OR TOWN OF D	EATH 1	(IF NOT IN SU	HOSPITAL, NURS IN	ADDRESS)	OR OTHER INS	TITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C Store Cle	ON	12b. KIND C	OF BUSINESS O
		SACR	ED HEART	HOSP:	ITAL		store cre	IK	gro	cery
DUAL RESIDENCE (IF NO PA.	Bedf	Y	13c. CITY OR JOW Hyndma	/N	13d INSIDE (NO [Box 71			
FATHER'S NAME FIRST Howard	E	DDLE .	Dive1	biss	15 MOTHER	S MAIDEN NA	Jane		Fol	itz
WAS DECEASED EVE			166 SOCIAL SECU	JRITY NO.	17 INFORM	INI	ADDRI	SS		
NO	(IF TES, GIVE V	VAR OR DATES)	170 12 5	298	Jame	es E. I	Divelbiss, B	ox 71	, Hyndr	an, Pa.
18 CAUSE OF DEA	TH Enter poly	one couse ne	r line for (a) (b) or	dic 1/	,				APPROX	IMATE INTERVAL ONSET AND DEATH
PART I. DEATH	WAS CAUSED	BY:	3)	-11.	harre	-			DE J WEET	ONSET AND DEATH
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	ACT COLUMN	(c)	H 7 M	1 4	X CCC	~ -				
	GNIFICANT CO	NDITIONS C	ONTRIBUTINGTO	DEATH BU	T NOT RELATED	TO THE TERM	MINAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
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190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFO	DRMED	200 AUTOPSY?		WERE FINDE	
		1000					YES NOT		YING CAUSES	NO []
21a. ACCIDENT WAS U	INDERLYING	21b. TIME C	OF IN JURY		71r HOW IN	LIURY OCCUR	RED (ENTER NATURE OF INJU			10 L
OR CONTRIBUTION				AY YEAR		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(EINTER MATORE OF 11470	AT HATIEM ID F	ANTI ON PART 23	
(IF EITHER NOTIFY ME	DICAL EXAMINER)	P	.M.	19		Account to				
21d INJURY OCCU	IRRED		OF INJURY		211. LOCATI		CITY OR TO	WN	COUNTY	STATE
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saw the deced	osed olive on_	5-6	19.5	79 0		(our) opinion	death occurred on the d	ate and hou		that (I) (we) lo
obove, (I) (we)	(did) (did not)	view the body	ofter death							
22b. SICHATURE		YIn	· Gas	rua	DEGREE H-D	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN	22c DATE	7-82
224 PHYSICIAINST	NAME (TYPE OF	RIN1)			22e ADDRES			haterif		
JOHN	MEHANNA	, M.D.			909-E	SETON	DRIVE CUMB	ERI AND	D.MD. 21	502
BURIAL, CREMATION	N, REMOVAL	23b. DATE	23ε.	NAME OF	CEMETERY OR		23d. LOCATION	a. Ver V		707
Burial		05/0			nan Ceme		Hyndman	Ве	edford	Pa.

DHMH - 16 50M 1/B1 (VRA 15, 4)

ZIEGLER FUNERAL HOME

HYNDMAN, PA.

Hyndman BY REGISTRAR 251 HELESTRAN STENATION

Pa.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b. HOUR 6. AGE (IN YEARS LAST BIRTHDAY Female April 25, 1914 White 68 TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland Allegany DIVORCED A WIDOWED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife CUMBERLAND MEMORIAL HOSPITAL In Own Home 130 STATE 136 INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany Cumberland Md. 405 Race St. YES X NOF 1 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Joseph G. Kight Mary nmn WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Esther Kelly, Cumberland, Md. Sister 215-42-4757 no 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY E prosclevo trè Ideast Disease Conditions, if ony, which gove rise to immediate cause (a), stating the TUE HEART FAILURG underlying CERTIFICATION 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [71m ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE

BP DHMH - 16 50M 1/BI (VRA 15, 4)

FUNERAL

Burial 6-3-1981 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

22 | certify that (1) (f)

sow the deceased ali

PHYSICIAN'S MAME (

230. BURIAL CREMATION REMOVAL

AMADO

23c NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

DEGREE

CUMBERLAND, MARYLAND 21502 23d LOCATION CITY OR TOWN

MEMORIAL HOSPITAL, MED. BLOG.

umberland

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

PHYSICIAN DIRECTOR PHYSICIAN

774 DATE SIGNED

23b DATE

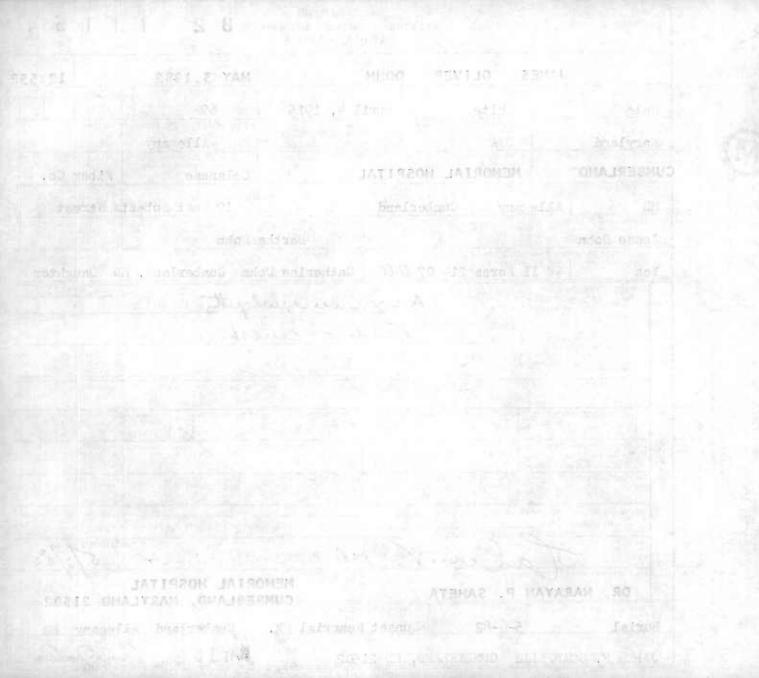
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STATE

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y be oge 3 death	1	CARRIATY	JAMES	OL	IVER	DO	MHC			MAY	3,19	82			12:55	5.F
ffer of	3. SE	X	4	RACE		5.	DATEC	F BIRTH			EARS LAST BIRT		IF UNDER		IF UNDER 24 HRS	
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1 g 2 2 2	7a. B	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUN	NTRY? 8	MARRIEI	NEVER MAR	RIED 9	BALTIMO	RE CITY O	R COUNT	Y OF DE	ATH		
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50	CUI	MBERLAND		MEMOR	IAL H	HOSP	TAI	R OTHER INSTITU			OCCUPATION FOR MOST OF		IFE) INDI	USTRY	Co.	R
filled in ould be family and and another and another and another and another and another and another a	13a.	AL RESIDENCE (IF NURS	13b COUNTY Alleg			e BEFORE ADA R TOWN Derlai		134 INSIDECITY I	LIMITS?	e. STREET	ADDRESS West	Robe	rts	Stre	et	
makerum mpletely and 2 sh	1 .	esse Dohm	WID		LAS	ST		15. MOTHER'S MA	ertha		MIDDLE			LAST		
MORE,		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL	LSECURITY	NO.	17. INFORMANT			ADDRE	55			-	
Pog and		es	WW II	Korea	214 0	7 640	66	Catheri	ne Doh	m Ci	umberl	land,	MD	Dau	ghter	
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hour attending physician. The low requires that the death certificate be executed within 24 hour attending physician and completely filled in as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be the and Amental Hygiene prior to burial, cremation, ar removal. The and Amental Hygiene prior to burial, cremation, ar removal. The and Amental Hygiene prior to burial, cremation, ar removal.	NOI	Conditions, if any, gave rise to imm cause (o), statin underlying cause	nediote g the " last	(b) DUE TO, OR (c)	R AS A CON	SEOUENC	E OF	line a				DITION GI	VEN IN P	ART 1(a		
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DHMH - 16 50M 1/81 (VRA 15, 4)		AMES F. SC	ARPELL	I CUM	BERLAN	ND, M	D 21	.502	ZOO. DATE R	MAY	GISTRAR	SC /	ham ham	0	an lla	, Jo



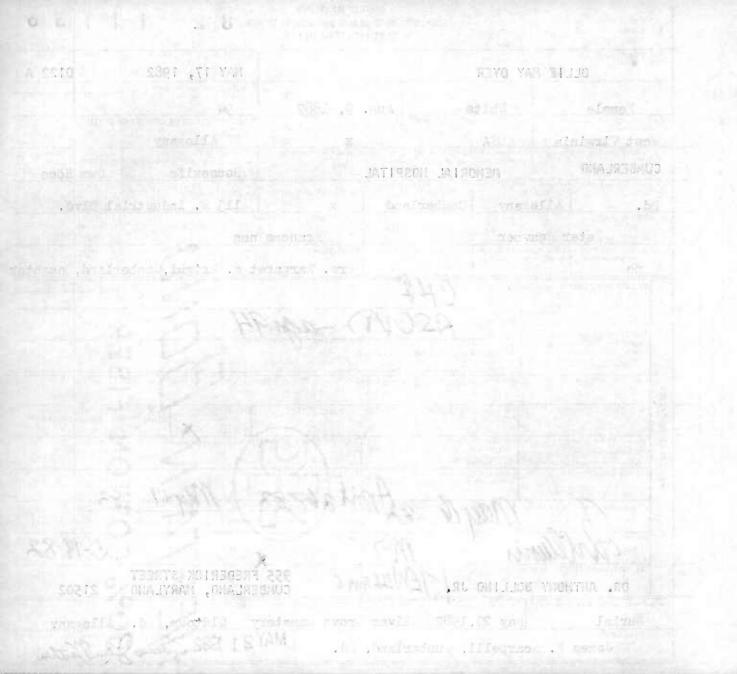
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57:43	TYPE OR PRINT	nez	Bai	ley.	DREWRY	LAST		DATE KNOW OF ESTI-	HINOM [X N		3:12 a M
DIRECT PARTY		White	5. DATE OF BIRTH MONTH DAY April 3,	1901 8			RS MIN. PR	ONOUNCED DEAD		19	3.12 a
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TAN BEAUT	0. CITY OR TOWN	land	Sacred H	eart Hos	pital	HER INSTITUTION	FOR MOS	ST OF WORKING LIFE	{TYPE OF WORK	OR INDUST	RY
SHOULD SH	30. STATE Maryla			13c. CITY OR TO Cumber	WN				Drive		
(A)	14. FATHER'S NAM	Charlie	R. Baile			FIRST		MIDDLE Iargrave		LAST	
PAGES 1	(YES, NO, OR UNKN		VAR OR DATES)	16b. SOCIAL SEC			vid G. D				
CHIEF MEDICAL EXAMINER ALONG WITH PORM PAR 3. RETAIN TO THE MEDICAL EXAMINER ALONG WITH PORM PAY 3. RETAIN OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORD RIAL, CREMATION, OR REMOVAL.	Canditi gave cause (c lying co	ans, if any, which ise to immediate s) stating the <u>under-use last</u> .	E CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	IOSCLER NCE OF			SE			
ULD BE USED AS A IMENT OF HEALTH CREM	190. DATE C	FOPERATION								20 AUTOPSY YES	? NO XX
R: PAGE 3 SHOULD BE U E STATE DEPARTMENT O D, 21201 PRIOR TO BUR	U	AL CAUSE WAS G OR ING CAUSE OF D	EATH P.M.	MONTH DAY	YEAR		URRED LENTER NAT	URE OF INJURY IN IT	EM 18 PART 1 OR PA	ART 2)	
1201 PR	UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HO ORY, FARM, ETC.)			c	ITY OR TOWN	cc	DUNTY	STATE
E, MARYLAND,	220 I cer death resul ACTUAL SIGNATURE	0:00	e of the remains described causes XX	Accident , Accident ,	Suicide Suicide	Homicide TITLE (SPECIF	Undeterm	nined manner (_ ,		82
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALL MORE, MARYLAND, 2.	EXAMINER'S	NAME GIOVE	anni Mast			DEATH MATER 5-19-8219 3:12 a M TRANS FUNDER 1 YR IF UNDER 24 HRS 72. DATE 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-0000 78-00000 78-0000 78-0000 78-0000 78-000000 78-000000 78-0000000 78-000000 78-000000 78-000000 78-000000 78-000000 78-000000 78-0000000 78-0000000 78-000000000000 78-000000000000000000000000000000000000					
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	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2	0.	1 1	5 6	
		CEASED NAME FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR	
		OLLIE M	AY DYER				MAY 17,	982		0122 AM	
	3. SE	X	4 RACE		5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
		Female	Whit	e	Aug		94	YRS.	DATS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH		
0		est Virginia	USA	No. of the last	WIDOW	-	Allega	any		MD	
0		UMBERLAND	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET OR I AL HOS	ADDRESS)	OR OTHER INSTITUTION	INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 170. KIND OF BUILDING LIFE) (TYPE OF WORK FOR MOST OF WORKING LIFE) 171. KIND OF BUILDING LIFE) (NOT THE WORK FOR MOST OF WORKING LIFE) 172. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 173. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 174. WIND OF BUILDING (TYPE OF WORK FOR MOST OF WORKING LIFE) 175. KIND OF BUILDING (TYPE OF WORK FOR MOST OF WORKING LIFE) 176. WIND OF BUILDING (TYPE OF WORK FOR MOST OF WORKING LIFE) 177. WIND OF BUILDING (TYPE OF WORK FOR MOST OF WORKING LIFE) 177. WIND OF BUILDING (TYPE OF WORK FOR MOST OF WORK FOR MOS				
5	13a. S			GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumberla	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	ndustr			
11	14 64	ATHER'S NAME FIRST Peter Hea	widdle	LAST		15. MOTHER'S MAIDEN NA FIRST Frances	MIDDLE		LAS	π	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	SS	175 32		
		no	0.000000			Mrs. Margare	et E. Wrigh	t, Cumbe	erland,	Daughte	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT ((c)	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON		N IN PART 10		
1	TIFIC	Ecri - r - s					YES [7] NOM		ING CAUSES		
7	MEDICAL CERI	TIE ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DES- (IF STIMER, NOTIFY MEDICAL TRANSPORT THE INJURY OCCURRED WHILE THE INJURY OCCURRED AT WORK THE INJURY OF THE	HOUR A.) P.) PIs. PLACE ((AT HOME, STR	M. MONTH DA	Ar	THE LOCATION THE LOCATION SHEET ATTENDING BUSEFFEE ATTENDING	to	77 1 ate and hour	\$2 92	state.	
			BOLLINO		VILLI	TOTA CUME	FREDERICK SERLAND, MAR	TREET	215	502	
	(urial, cremation, removal specify) Burial	May 20			Grove Cemeter	23d LOCATION CITY OR TOWN CY Old town	n. Md.	Alle	STATE	
	24 FU	JNERAL DIRECTOR NAME James F. S			land,	Md. ² MA	PRECIA BY SECULTRAP	346. REGISTA	R'S SIGNAT	URE	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.



	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	1157
	PECEASED NAME FIRST YPE OR PRINT) HAN	NAH NMI GER	BST	MAY 17, 1982	25 HOUR 2:10 PA
3.	Femaa.e	White	5. Date of Birth Dec 24 DAY 1898		UNDER I YEAR IF UNDER 24 HRS.
97	BIRTHPLACE ISTATE OR FOREIGN COUNTRY AUSTRIA	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY OF ALLEGANY COU	NTY,
52	CITY OR TOWN OF DEATH	SACRED HEART	HOSPITAL	(TYPEGE WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY Home
刻5 13		morset Meyersd Meyersd Meyersd	ale yes X NO	13. STREET ADDRESS 7th Str	
56	FATHER'S NAME Mathia	Bazzar		a Je	selnick
3	(YES NO OR UNKNOWN) I IF YES, GI	RMED FORCES? 166 SOCIAL SECU 132-03-	17 INFORMANT 5906 Peter Ger	608 7th St;	Pa. 15552
ry, ar ather traumatic	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D		AINAL DISEASE OR CONDITION GIVEN	3 mw
8 shows any injur	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH? NO \(\bigcap \)
ked or Item 18 showing the MEDICAL CERT	000000000000000000000000000000000000000	ATH HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR CITY OR TOWN	(COUNTY STATE
Hem 21 is made	220 I certify that (I) (this hasp saw the deteased alive ar	ital) attended the deceased fram	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	, to, 19 death accurred on the date and hour o MEDICAL STAFF DIRECTOR PHYSICIAN	
MPORTANT 330	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	4 4		23d LOCATION CHYORTOWN Donega L.Wes	COUNTY ON TISTATE

DHMH-16 50M 1/B1 (VRA 15, 4)

LECKEMBY FUNERAL HOME, MEYERSDALE, PA.

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	1.	FOR STATE REGISTRAR			DEPAR		IEALTH AND MENTAL HY FICATE OF DEATH			1 1	3 0		
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à	3. SE			RACE	L0013		OF BIRTH	6 AGE (IN YEARS		IF UNDER 1 YEAR			
	1	Male	- 390	White	2	MONT Fel	_ /		67 YRS	MONTHS DAYS	HOURS MIN.		
2 /	7a. 8	RTHPLACE (STATE OR FO	DREIGN 76		WHAT COUNTR	Y2 8	D NEVER MARRIED	9 BALTIMORE					
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4	1	TY OR TOWN OF DEAT	TH 1		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCC	UPATION MOST OF WORKING	126. KIND	OF BUSINESS OR		
5		mberland			ED HEAF		PITAL	Retire	d Firem	lan	City		
£	W5U.	AL RESIDENCE (IF NURSIN	136. COUNT	Y	IN CITY OF TO		THE INSIDE CITY LIMITS?	13e STREET ADD					
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	N N				O. T. T. GOTTING TO	1	Unpert in		CONDITION	IVEN IN PART I	(0)		
3	CERTIFICATION	19a. DATE OF OPERATI	ION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY	? 20b IF Y	ES, WERE FIND	INGS USED		
-	ĬĔ.	15/14/8	2	Exilia	nosta	Croc	aneuryen	YES NO		IFYING CAUSE	S OF DEATH?		
3	1 8	210. ACCIDENT WAS UNDE	RLYING	216. TIME		,,	21c HOW INJURY OCCU						
		OR CONTRIBUTING C											
	MEDICAL	(IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE			OF INJURY	19	211 LOCATION						
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		AT WORK AT WORK	, ,			1000	1 2 0	100		0.			
		22a.1 certify that (1) (n //ily	13 19 8	2,10/10	4-20	, 190	what (I) (we) last		
		saw the deceased obove, (V (we) (di	alive an	liky	19	1+2/	nd that in (my) (our) opinio	n death occurred of	the dote and he	our and from the	causes stated		
	1	276 SIGNATURE	d) (did na	view the body	rafter deet	W.	DEGREE				SIGNED		
		11.	11		4	, ,		AMEDICAL .	STAFF	ZZC. DATE	SIGNED		
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1		726 PHYSICIANISMA	ME Hinglan	ent;			22e ADDRESS						
1		CHANG	OH	M.D.			48 TARN	FRRACE	FROST	BURG	MD 2153		
ą.	23n. 8	URIAL, CREMATION, R		23h DATE	127	, NAME OF	EMETERY OR CREMATORY			DOIGO,	THU ELDO		
	1	Burial	Linovat					CITY OR TO	WN	COUNTY	STATE		
	24 51	INERAL DIRECTOR		May 2	2,140% 2	Lion Me	morial Park		rland A		Maryland		
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James F. Scarpelli, Cumberland, Md.

DHMH - 16 50M 1/B1

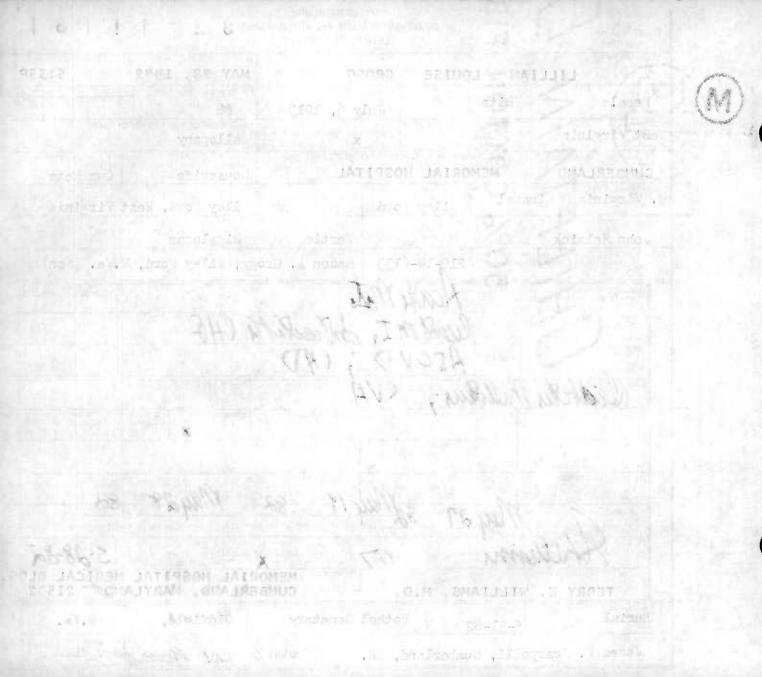
(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND

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	(BB)		REGISTRAR				TE OF DEATH		REG. NO.		
	人图》	1. DE	CEASED NAME FIRST OR PRINT)	MIDD		LAST	- Sen 10	20. DATE OF	DEATH MONTH	OAY YEAR	2b. HOUR
			Marion		beth		lley		20-82		10:04 M
	offer p	3. SE		4 RACE		5. DATE OF BIR	DAY YEAR	6. AGE (INYE.	ARS LAST BIRTHDAY)	MONTHS DAYS	
	irect ours o		Female	W		11	2 15	66	YRS		
	deoth. P	/a. BI	RTHPLACE (STATE OR FOREIGN Md	76 CITIZEN OF WH.		MARRIED WIDOWED	NEVER MARRIED (re city <u>or</u> coun	VIT OF DEATH	MD.
5	s after d by the fu iled with	10 CI	Cumberland	11. NAME OF HOS	CILITY, GIVE STREET			12a. USUAL C	OCCUPATION FOR MOST OF WORKING EWIFE		OF BUSINESS OR
2120	in be fi	ŪSU.	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE	ADMISSION)					
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YLA	thin ely 2 sh	14 FA	THER'S NAME	WIDDLE	LAST		AOTHER'S MAIDEN I	NAME	WIDDLE		
MAR	w ples ond		William	James	Evar	ıs	Emma		WIDDLE	Lanca	ster
E.	n ond co		AS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECU		NFORMANT		ADDRESS		
BALTIMORE,	be ear		no	The on ones,		F	larry Ha	dley	Lonaco	ning, l	Md.
BALT	sicio per per per per per per		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS	only one cause per hoe	far (all (b), and	4(1.)	B	17 1		APPRO	NIMATE INTERVAL
7	p phy on po emav event	4		TE CAUSE (0)	oute	Corono	my Occ	Musec	N	inn	redicate
PRESTON ST	th ce corb, or r	0	4100	DUE TO, OR	A CONSEQUE	NCE OF	2 1	1 -			
EST	deo patte patte ortion		Conditions, if any, which	(b)	Eron	any C	every, 9	frea	ic.		tear
` ≥	by the cose rem	ò	cause (a), stating the underlying cause last.	DUE TO, OR A	A CONSEQUE	NCE OF C	0500			ya	ais
DIVISION OF VITAL RECORDS, 201	quires the signed then pled to buriol njury, ar	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO [<u>BEATH</u> BUT NOT	RELATED TO THE TE	RMINAL DISEASE	OR CONDITION	GIVEN IN PART 1	(a)
RECOR	ow re	CERTIFICATION	190 DATE OF OPERATION	196. CONDITIO	N FOR WHICH	OPERATION W	AS PERFORMED	200 AUTO		YES, WERE FIND	
TAL	The I cion.	RTI	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF IN	IIIIDV	[21.	HOW INTURY OCC	YES 🗌	NO	YES [NO 🗆
OF VI	ICIAN: T g physici entificate ial-tronsi ntol Hygi		OR CONTRIBUTING CAUSE OF DI	HOUR A.M.	MONTH DA		HOW INJURY OCC	UKKED (ENTER NAT	URE OF INJURY IN ITEM	18, PART I OR PART 2)	
VISION	ING PHYS r attendin After this c os the bur th ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF ((AT HOME, STREET.	NJURY FACTORY, OFFICE, F		LOCATION		CITYORTOWN	COUNTY	STATE
ā	DINC or a Afte se os se os olth mork		22a I certify that (I) (this hosp	oital) attended the di	eceased from_		19_5	3. to V	1du 20	19 97	, that (f) (we) last
	TENDIN outol or TOR: Af for use o of Heolith	3	saw the deceased alive a above (1) (ye) (Gid) (did n	may 1	7 19	8 2, and the	t in (my) (our) apini	on death occurred	on the date and I	hour and from the	e causes stated
	NR ATTI hospi iRECT hed fo ept. al		276. SIGNATURE	ar view the body arre	er death.	DEGR				22e-DAT	E SIGNED
	0 0 0 0 4	13	Alon	left		CM	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	45	.20.82
	HOSPITAL ned by the FUNERAL JId be det on the State ORTANT:		27d. PHYSICIAN'S NAME (TYPE			22e	ADDRESS		_		
	TO HOSPITAL retoined by the TO FUNERAL should be determined by the Store with the Store IMPORTANT:		Y'H' WILE	SJR	MD	3	CONICOL	NINE	ND		
	show with	23a E	URIAL, CREMATION, REMOVA			AME OF CEMET	ERY OR CREMATOR	23d. LOCA	TION	COUNTY	STATE
	BP	,	Burial	5/23/8	32 0	ak Hil	Cemete	ry Lor	aconing	. A.	Md
	DHMH - 16 50M 7/77	24 FI	INERAL DIRECTOR		ADDRESS		25a. D	ATE REC'D. BY RE	GISTRAR 256. REG	SISTRAR'S SIGNA	TURE // selm
	(VR A 15 (4))	E	ichhorn Fune	eral Home	Long	aconing	Md.	MAN CO	0 1307 /	Charles Service	

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5/14/82

WEST MAIN STREET

FROSTBURG, MD 21532

MIDDLE

FOR - STATE

TYPE OR PRINTS

REGISTRAR

EIRST

DECEASED NAME

BUR IAL

FUNERAL HOME:

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REST LAWN MEM. GARDENS LAVALE.

REG. NO

26 HOUR

10:

126. KIND OF BUSINESS OR

OWN HOME

DAYTON

APPROXIMATE INTERVAL

NO [

STATE

MD, 21502

COUNTY

ALL EGANY.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

20 DATE OF DEATH MONTH

071 - 77 CANCASIAN MARCH 21, 1023 SUMPS 13. CHAIN SAM EMOSE MINO. HOUSEUEE CWAJERRAND PETERSON SEE FEOSTEURI NILPGANY WHATE OVALTZOAK MAYAG AILIUI. TOTAL MINGI 202 (8) 23 502 21 - 38-762 R. GARY MAGER, I & COOKA N AVE. , Lev LE, . 4.11

RIAL FINAR REST LAWN MAN. GARDENS LOVALR, ALL BGANY, MD.

FOR MET AL MADE STREET

FROM MET AL MADE STREET

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

1. DECEASED NAME

REGISTRAR

111 CHURCH ST., WESTERNPORT, FUNERAL HOME

REG. NO.

26 HOUR

05:00 AM

MAY 29 1982

20 DATE OF DEATH MONTH

IF UNDER I YEAR

IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

ALLEGANY COUNTY

126 KIND OF BUSINESS OR INMANATUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

3 ale

TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YES [

COUNTY

22c DATE SIGNED

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	4,2 5	1)4343		
ALLECANY COUNTY	x:c			VII
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308 - 12 242 21			Lane.	
to Billion		Markouni		JUNE G
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(VR A 15 (4))

STATE OF MARYLAND

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James F. Scarpelli. Cumberland. Md.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ! CERTIFICATE OF DEATH

2b. HOUR

12b KIND OF BUSINESS OR

Nurses Asst.

100

IF UNDER 24 HRS

82

INDUSTRY

COUNTY

THE DATE SHOWER

STATE

	1-	FOR STATE REGISTRAR			DEPARTM	ENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0.	11	6 7	
		CEASED NAME OR PRINT)	FIRST 1len		Matilda	1.	Harris	May 4.19	NO HTMOM	AY YEAR	h + 20	-
	3. SE)			4. RACE Whi			1/19/1899	6. AGE (IN YEARS LAST BIR	RTHDAY	FUNDER I YEAR	IF UNDER 24 HRS	_
185		RTHPLACE (STATE OR FO	DREIGN	TE CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY OF Alleg	OR COUNTY	OF DEATH	<i>N</i>	AD.
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olth ond 'Me morked or I	MEDICAL	21d. INJURY OCCURRI	LE []		OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
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Stote Dept.	97 18	ら砂砂	m	Jel	D.	IN		MEDICAL STA DIRECTOR PHYSI	FF CIAN []	22c. DATE	SIGNED	
should be detoo with the Stote D IMPORTANT: If		LR M	ME (TYPE OF	S J	15		La Donace	ning	md			
	1	SURIAL, CREMATION, R SPECIFY) Buri	-	23b. DATE 5/6/	4.44		EMETERY OR CREMATORY Hill Cemete:		_	COUNTY	W. Va	
2/80		Dieral director Eichnorn	t'une	ral Ho	me Lon	acon	ing, Ma	Y 1 0 1982	25b. REGISTR		Mary	

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	1.	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0.	11	68
		CEASED NAME FIRST E OR PRINT} LEI	NA	NMI		HARRIS	MAY 17,	MONTH 1982	DAY YEAR	3:00 PA
	3. SE	× Female	4 RACE Whit	e	5. DATE O		6. AGE (IN YEARS LAST BII	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE ISTATE OR FOREIGN COUNTRY) West Virginia	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNT		MD.
2		Cumberland	SAC	CH FACILITY, GIVE STREET	ADDRESSI HOS	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	ION	126. KIND C	of Business or ectionery
L	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO Maryland A]	OR OTHER INSTITUTION	136. CITY OR TOW Cumber	ADMISSION)	13d INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS 221 Vi	rgini		
/			A. Vano			15. MOTHER'S MAIDEN NA/ FIRST NOT	a B. Nolan	sud:	LA!	51
		NAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	Mrs. France	ADDR es Vanorsda		umberla	nd, Md.
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	(c)	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	a Whad	DITION GI	VEN IN PART 11	a
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1	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF F	DEATH HOUR A	DF INJURY M. MONTH DA M.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this has sow the deceased alive above, (1) (w	on_O	e deceosed from_ 19_ after death,	, 01	nd that in (my) (our) opinion o	, to deoth accurred on the d	ote and ho		that (I) (we) lost couses stated
		226. SIGNAT	10				MEDICAL STA	FF IAN 🗌	22c. DATE	SIGNED
			IGGLE,	M.D.			DRIVE CUM	BERL	AND, M	1D.21502
	. (BURIAL, CREMATION, REMOVA (SPECIFY) Burial UNERAL DIRECTOR				EMETERY OR CREMATORY Hill Cemetery	23d LOCATION CITY OF TOWN Cumber	land,	Allegn	STATE NV M
	27 FL	SCARPELL	I FUNE	RAL HOME	108 CUM	BERLAND, M	RAY 2 4 198	2 P	Land &	A CONTRACTOR OF THE PARTY OF TH

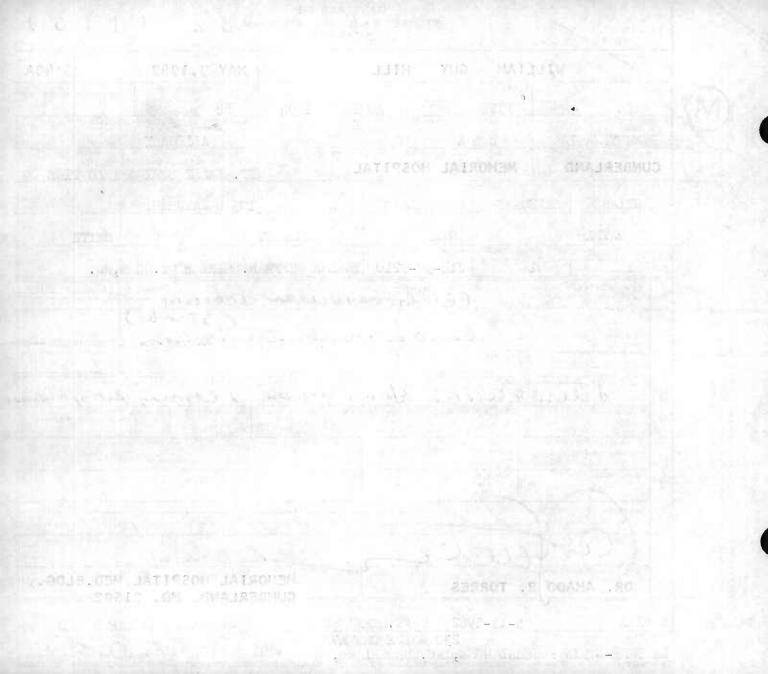
STATE OF MARYLAND

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Y	-7o. B	MALE RTHPLACE (STATE OR FOR COUNTRY) PENNSYLVANIA		N OF WHAT COUNTRY?	8. MARRIEI	RIL 7 1894 NEVER MARRIED	9 BALTIMORE CITY C		DEATH
natified or	10 C	ITY OR TOWN OF DEATH UMBERLAND	1 11. NAM	JSA E OF HOSPITAL, NURSIN MORTAL HOS	WIDOWE NG HOME O	OR OTHER INSTITUTION	ALLE 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C ET . KELLY	ION 12 DE WORKING LIFE) IN	
must be	M	IARYLAND	SHOME OR OTHER INSTIT ID COUNTY ALLEGANY	13c. CITY OR TOW CUMBERL		YES 🕅 NO 🗌	13e. STREET ADDRESS 105 DECATU		*
0×0 11	14. F#	NATHAN	MIDDLE	HILL		15. MOTHER'S MAIDEN NAM MARGARET			SMITH
ol.	16a V	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (U.S. ARMED FORCE	16b SOCIAL SECU 1ES) 214-50-		17 INFORMANT THELMA HUFFMA	ADDRI N. CHARLES		MD.
n, or remov	9	18 CAUSE OF DEATH (PART I. DEATH WAS	MEDIATE CAUSE	O, OR AS A CONSEQU	ENCE OF	as oular	(Sm	aler)	
rior to buriol, cremotion, or remov III, injury, or other troumotic event	ATION	Conditions, if ony, we gove rise to immediate to immediate to immediate the couse of the couse o	DUE TO SCALL CONDITION	TO, OR AS A CONSEQUING TO, OR AS A CONSEQUING TO CONTRIBUTING TO	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM TO COLUMN	LOW SELSE INAL DISEASE OR CON 1 CON	DITION GIVEN IN	rong dis
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and the State Destrict Health and Mental Hygiene prior to buriol, cremation, or remov WPORTANT: If them 21 is marked or frem 18 shaws any injury, or other froumatic event	MEDICAL	Conditions, if ony, we gove rise to immediatelying couse underlying couse PART 2 OTHER SIGNIFIED AND THE DATE OF OPERATION CONTINUITING CAUSED AND THE OPERATION CAUSED AND THE	MEDIATE CAUSE (which flots the lost the lost (ICANT CONDITION (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (ITHOUGH THE LOST (O, OR AS A CONSEQUIDED ON A CONSEQUIDED ON AS A CONSEQUIDED ON A CONSEQUIPED ON A CONSEQUIP	ENCE OF ENCE OF DEAJH BUT OPERATION AV YEAR 19	NOT RELATED TO THE TERM COLUMN NOT RELATED TO THE TERM WAS PERFORMED THE HOW MIJURY OCCURR THE LOCATION THE	INAL DISEASE OR CON J. CON 70E. AUTOPSY? YES	DITION GIVEN IN 20b. IFYES, WE IN CERTIFYING YES while the title to the title t	COUMTS AND LINE DATE SIGNED



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN . DECEASED NAME 2b. HOUR (TYPE OR PRINT) Chris Holliday OF ESTI-19 82 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 3. SEX DATE PRONOUNCED 1082 6:28P 11 60 Male White 21 DEAD THE FUNERAL AGE 5 FOR YO 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED Pa. Allegany County 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS RECORDS, 201 V OR INDUSTRY Cumber land Laborer Marina Memorial Hospital RETAIN IN COUNTY 13d. INSIDE CITY LIMITS? 13g. STATE 13e STREET ADDRESS R. D. Somerset Confluence YES [NO TO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Holliday Mary Frazee Robert Lee 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? L. Robert Holliday Confluence 170-56-0804 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION EXECUTE THE CERTIFICATE, WRITING THE CHIEF MED PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED FOR FUNCTION BY SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALT BALTIMORE, MARYYAND, 27201 PRIGR TO BURIAL, CR 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 5:15AM 5/18 19 82 driver in auto/fixed object collision 21e PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED Maryland NOT WHILE AT WORK Rt#48EastboundWestof295, Grantsville, Allegany@ roadway AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy XX Inspection and in my apinian Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Balto MD 21201 TYPE OR PRINT Hormez R. Guard M.D. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE 1982 Addison Cemetery Addison Pa. Burial Somerset BP 24 RUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Grantsville, Md. (VR A15 ME (5) 15M 2/80

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No 170-50-1400 . Doert collins; Confinence, m. 1505.

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moy be page 3 er death		CEASED NAME FIRST	GIRL HOL		LAST	20. DATE OF DEATH		26. HOUR 12:23 A
9p		emale	4 RACE White	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	M
15	Ma	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR' USA	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	TINO.	
of the different	C	UMBERLAND	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE MEMORIAL HOSP	PITAL	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	ON F WORKING LIFE) 126. K INDU	IND OF BUSINESS OR
hould be	Ma	Tyland Mile	any Cumber	and	138 INSIDE CITY LIMITS?		582B, Cu	umberland, M
and 2 s	Le	eland James			Candance	Denise Denise	Co	mer
ol.			RMED FORCES? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT Leeland James	House, Cum		Md. (Father
in please remave carbo burial, cremation, ar re ry, ar other traumatic e		Conditions, it any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	UENCE OF	En march	7 (26 Lee		
rial-transit permit. Then pental Hygiene priar to bur them 18 shaws any injury, a	CERTIFICATION	19a Date of Operation	196 CONDITION FOR WHIC			20a AUTOPSY? YES □ NO	20b. IF YES, WERE F IN CERTIFYING CA YES □	INDINGS LISED
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ached for us Dept. of He f Item 21 is		saw the decreed alive on	7/	82,00	d that in my our) opinion o	leath accurred on the da	te and hour and from 22c. [that (Tyve) last method the courses stated
should be dete with the State IMPORTANT: I		DR. GARY A	OR PRINT)	R.	ATTENDING PHYSICIAN PHYSICIAN STORESS 500 GREENE	MEDICAL STAF		-13-92 MD 21502
	E	urial, Cremation, Removal Urial	736. DATE 5-15-82 M	t. Ple	EMETERY OR CREMATORY ASANT Cemetery	73d LOCATION Cumberla	nd Aliega	any Md.
OM 1/81 5, 4)	'Ja	Mes Programmel	li, Cumberland,	Md.	25a. DATE	REC'D. BY REGISTRAR	Sh. REGISTRAR'S SIC	SNATURE

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	HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after a

	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLA LEALTH AND M ICATE OF D	MENTAL HYG	GIENE 8 2	111	7 2
		OR PRINT) Henrie	etta L		Humber	rtson	5/28/82	TH DAY YEAR	3:245p
3	3 SEX	female	white	5. DATE (PERTH 22/	06	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	R IF UNDER 24 HRS HOURS MIN.
	(Frostburg, MD.	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER M	ARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	MD.
1		Frostburg, Md	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Frsotburg Con	ADDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR housewife		OF BUSINESS OR
5	13a S	Md A1	other institution give residence before NTY 13c. CITY OR TOW.	/N		NO X	13e. STREET ADDRESS Eckhart		
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		saw the deceased alive an above, (I) (well (did) (did no	tol) attended the deceased from 19 5		d that in (my) (, 19 82	death occurred on the date an	. 19 52 , and hour ond from the	that (I) (well-ast
		226. SIGNATURE	2 Diebl	, m			MEDICAL STAFF DIRECTOR PHYSICIAN [29-82
7		Dr. H Dieh	1		Ma	in St.	, Frostburg, M	MD.	
	(urial, cremation, removal Bur ial			t Ceme	etery			
1/81		NERAL DIRECTOR NAME OUTST. Funeral H	ADDRESS	huna	MD	JUN PAT	REC'D. BY REGISTR 194 H	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	not-

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DEPARTMENT OF HEALTH AND MENTAL HYGIRME - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME MIDDLE KNOWN T 20. DATE 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 82 GIADYS 19 3 SEX 4 RACE 5. DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 19 82 75 YRS Female White Mav To BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED Allegany Marvland ID. CITY OF TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Cumberland Memorial Hospital Housekeeper SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany Cumberland NO [135 N. Mechanic Street Maryland AND 2 SH 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME SAFIE GIVE PAGE VI FORM PM MIDDLE LAST Mary Clarence Francis Rizer Ann Rowe 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS 704 Piedmont Ave DIVISION (YES. NO. OR LINKNOWN) Cumberland, Md 214-05-745] Mrs. Ernest 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ALONG W RETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMITOR HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR REMOVAL DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? BURIAL, YES NO CATE, WRITING THE WOR FORWARDED TO THE CH OR: PAGE 3 SHOULD BE U 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21201 PR 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK NOT WHILE PAGE 4 SHOULD BE FORWARD

TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE I
BAITIMORE, MARYLAND, 21201 AT WORK 228. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian death resulted fram TITLE_(SPECIFY) DATE MEDICAL EXAMINER EXAMINER'S NAME SETON (TYPE OR PRINT) 23d LOCATION 23d BURIAL, CREMATION, REMOVAL 23b, DATE Burial May 14.1982 Hillcrest Burial Park Cumberland Allegany Maryland BP 404 Decatur St 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** Silcox-Merritt Funeral Service.Cumberland, Md (VR A15 ME (5))

15M 2/80

STATE OF MARYLAND

Security this Nay 7 1807 75 project . A.C. I . A.C. I benigerak Symbolica di Joseph Jos Maryland Allopany Curborland X 135 M. Feetanic Sureet Clarence Prencis Riser Many Ann Pares 70k Fiedmont Ava 214-05-7451 Mrs. bnosbulrest Oxforland. M brilly 3891. Al yet land farital Jares 1991. Al yet faire

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	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	STATE OF MARYLAND NT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.					
		CEASED NAME	FIRST		MIODLE		AST	20. DATE OF	DEATH MONTH	DAY	YEAR	26 HOUR
			OHN		A.	KENI	VELL		05	28	82	2:00
11	3. SE	X	4	RACE		5 DATE O		6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UN	DERIYEAR	IF UNDER 24 HRS
10		MALE		CAUCA	SIAN	05-23-96 YEAR		86		S. MONTH	SDAIS	HOURS MIN.
2		BIRTHPLACE (STATE OR FOREIGN		CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMOR	E CITY OR COU	NTY OF E	EATH	
		MARYLAND		USA WIDON				AL	LEGANY	MI		
hed	10 C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORKIN			F BUSINESS OR
To lo	(CUMBERLAND	/ 1	LIONS	MANOR N.H	.,CUM	B. MD		MASTER	G LIFE) IN	GOV	C
mus be	13a S	AL RESIDENCE (IF NURSI STATE PA	13b COUNT SOME	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW WELLERS	N	13d INSIDE CITY LIMITS?	Box 5				
nine nine	14. FA	ATHER'S NAME	A4.0	DOLE	LAST		15 MOTHER'S MAIDEN NA	ME			5-7-1	
806	175	JONATHAN	Pot II	DOLL	KENNEL	L	ELIZABE	TH	MIDDLE	E	LRIĈ	K
licol		WAS DECEASED EVER		ED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	4,3074	ADDRESS			
E	,	UNKNOWN	fir 45 2. Give v	VAR OR QATES)	212-32-	8095	LMNH, Seton	Drive,	Cumberl	and,	MD :	21502
njury, or other troumotic ev	NC	Conditions, if ony, gove rise to imm couse (o), storing underlying couse	nediote g the lost.	DUE TO, 0 (b) DUE TO, 0	DR AS A CONSEQUE	NCE OF	Cerculator	vancula	or CONDITION		I PART 1(c)
Sony ir	CERTIFICATION	19a. DATE OF OPERAT	ION	19b CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOF				NGS USED OF DEATH?
or them 18 sh	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	HOUR A	OF INJURY V.M. MONTH DA V.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATI	URE OF INJURY IN ITEM	18 PART I C	OR PART 2)	
morked or	MED	WHILE NOT WHI	ILE 🗍		OF INJURY TREET, FACTORY OFFICE, F.	ARM ETC)	211. LOCATION STREET		CITY OR TOWN	C	OUNTY	STATE
21 is		22a.l certify that (I)	d plive on _	may	28 198		d that in (my) (our) opinion	. 10 277	on the dote and		from the	
# #em	19	226 SIGNAFURE	-	-	5	-	DEGREE	AAEDIC A	CTAFF		2c. DATE	
	-	1	alger	10	rdly	m	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN		3-3	8.82
MPORTANT		RALPH P.			D. 0		SETON DRIVE	EXT.,	CUMBERLA	ND,	MD 2	1502

23b. DATE

05/01/82 BURIAL REST LAWN MEM. 24 FUNERAL DIRECTOR HARVEY H. ZEIGLER, HYNDMAN, PENNSYLVANIA

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CUMBERLAND

PARK

ALLEGANY RY RECISTRARIA BECISTO HAS INATURE MD

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prio

etoined by the hospital or attending physician

BP.

FUNERAL DIRECTOR.

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RESERVED				
	VERNEY, 52 AVEN		MARY, E. D.	
	TARE CONSERNATOR		0 5 /01/82	

James F. Scarpelli, Cumberland, Md.

- STATE

1. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12b KIND OF BUSINESS OR

Railroad

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO

STATE

COUNTY

IF UNDER I YEAR

INDUSTRY

8:15P

20 DATE OF DEATH MONTH

RICHARD WELMONT KERCIS - MAY 15 4912 CUMBERLAID MEMORIAL HOSPITAL Preprie and American St. 5% Second and odd age of deep week empl. S bealer? Ten and and administration of the secondary and 111414 145 BENTHER OF MINISTER DR. ANTHONY J. BOLLING JEWILL STREET And second to the second the second to the s Anne . . Somepolis, Cuchesters, Mr. Mary 1992 Clin On with

		FOR STATE REGISTRAR		DEPARTA	CERTII	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8	2 REG. NO.	1	1 1	7	7
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-	3. SE	Female	4 RACE White	е		DE BIRTH -1906 YEAR		EARS LAST BIRTHD	YRS.	FUNDER I YEA		ER 24 MRS MIN.
out 5	7a B	Pennsylvania	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED D	9 BALTIMO	RECITY OR C	gany			MD.
Donitied		CUMBERLAND	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET, MEMORIAL	IG HOME (ADDRESS) HOS	PITAL	TTYPE OF WOR	OCCUPATION KFOR MOST OF WO USEWIFE	ORKING LIFE	126 KIND INDUSTR		
S must be	13a.		or other institution unity	GIVE RESIDENCE BEFORE 130 CITY OR TOW Cumber	N	YES NO	13e. STREET 14]					
411		ATHER'S NAME FIRST Willia WAS DECEASED EVER IN U.S. A	m Snyder			15 MOTHER'S MAIDEN NA		MIDDLE ADDRESS			AST	
e medico			IVE WAR OR DATES)	166 SOCIAL SECU 159-36-2		Mrs. Dorothy				and Md	Dan	ghtei
to burial, crematian, ar ren ijury, ar ather traumatic ev	Z	Canditions, if any, which gave rise to immediate cause [o], stating the underlying cause last	but to c	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	PAL PIENS	BIT I	ON GIVE	N IN PART	181	225
shows ony in	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTO	NO	VES YES			ATH?
with the State Dept. of Health and Mental Hygi	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK NOTIFY WHILE AT WORK 22a I certify that (I) (this has objuint II) was did idle 22d. PHYSI AME (TYPE	PATH HOUR A PRI PLACE (AT HOME, ST Off he The Mody	.M. MONTH DA .M. OF INJURY REEL FACTORY OFFICE FA de deceased from L	19 ARM ETC)	211. LOCATION 211. LOCATION STREET 19 d that in (my) aur) apinian api	2, to	on the date	ond hour	9 8 and from the		82
IMP.		BURIAL, CREMATION, REMOVA Burial	L 23b. DATE	23c. N		EMETERY OR CREMATORY rother Cemete:	23d LOCA	TION ORTOWN undavs	Corn	county P	9	STATE
^ 1/81 4)		Burial UNERAL DIRECTOR	5-31-		ike B	rother Cemete:	ry M	or town undays EGISTRAR 25b.	REGISTR	er. P	TURE	

James F. Scarpelli, Cumberland, Md.

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SILOOX-MERRITT FUNERAL SERVICE CUMBERLAND MD

1 - STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

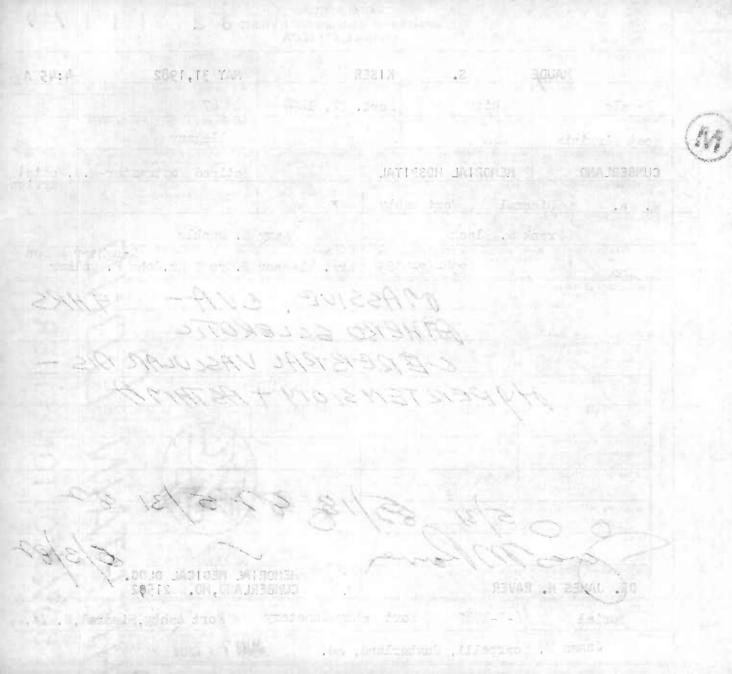
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REGIOTATA				REG. NO.		400000
DECEASED NAME FIRST	MIDDLE	i	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
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BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8		9. BALTIMORE CITY OR COL		
COUNTRY)	USA		NEVER MARRIED	Allegany		
West Virginia	11. NAME OF HOSPITAL	WIDOWE		12a USUAL OCCUPATION	Tim Kinin	OF BUSINESS
	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	N OTHER HASTHOTION	ITYPE OF WORK FOR MOST OF WORK	ING LIFE INDUSTRY	/
CUMBERLAND	MEMORIAL H			Retired Postm	iaster-U.	S.Posta Servi
UAL RESIDENCE (IF NURSING HOW. STATE 136 CC	DUNTY 13c. CITY		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		pervi
V. Va. VM:	ineral For	ct Ashby	YES NO			
ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			AST
Fra	ank S. Black	LASI	FIRST Mary	E. Dunkle	U	421
WAS DECEASED EVER IN U.S.		TAL SECURITY NO.	17. INFORMANT	ADDRESS	Daughte	r & Son
	. GIVE WAR OR DATES) 234-	-62-4085	Mrs. Eleanor	B.Eye & Mr.Jo	hn F. Wa	lker
no						XIMATE INTERVAL
PART I. DEATH WAS CAL	r only one couse per line for (c USED BY:	MA	SIVE	1111	BETWEEN	ONSET AND DEA
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underlying couse lost.		NSETT YOR	RRAL	VASCULA	42 11/1	< -
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PART 2. STITLER SIGNIFICATI	MIDEL	OTEN	LINN -	+ DITUM	GIVE PART	10
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THE DATE OF GERMINISTS	1	WHICH CHERRISA	T TAS PERFORMED	IN CI	ERTIFYING CAUSES	S OF DEATH?
Contract of the Contract of th				YES NO	YES []	NO.
THE ACCIDENT WAS UNDERLYING OR CONTRIBUTING [7] CAUSE OF		NTH DAY YEAR	TIL HOW INJURY OCCUR	RED LEWIS NATURE OF HUMB IN ITE	A 28, PART TORPART 2)	
OF EDITIES NOTIFY MEDICAL EXAM	PRINTING	19				
214 INJURY OCCURRED	ZIN PLACE OF INJUR		THE LOCATION	A Comment	COUNTY	STATE
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714 PHYSICIAN'S NAME IT	es carfants	- I			00/1	1
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DR. JAMES M.				RLAND, MD. 215	92	
BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	ZH LOCATION	COUNTY	STATE
(SPECIFY) Burial	6-3-1982	Fort As	hby Cemetery	Fort Ashby	y, Mineral	.W. Va
FUNERAL DIRECTOR			25a DAT	E REC'D. BY REGISTRAR 256. RE	GISTRAR'S STONA	TURE//
	. Scarpelli,	Cumberland	. Md.	1982	frame for	Land Marian
				CHEST P POPUL	BA ?	

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR.



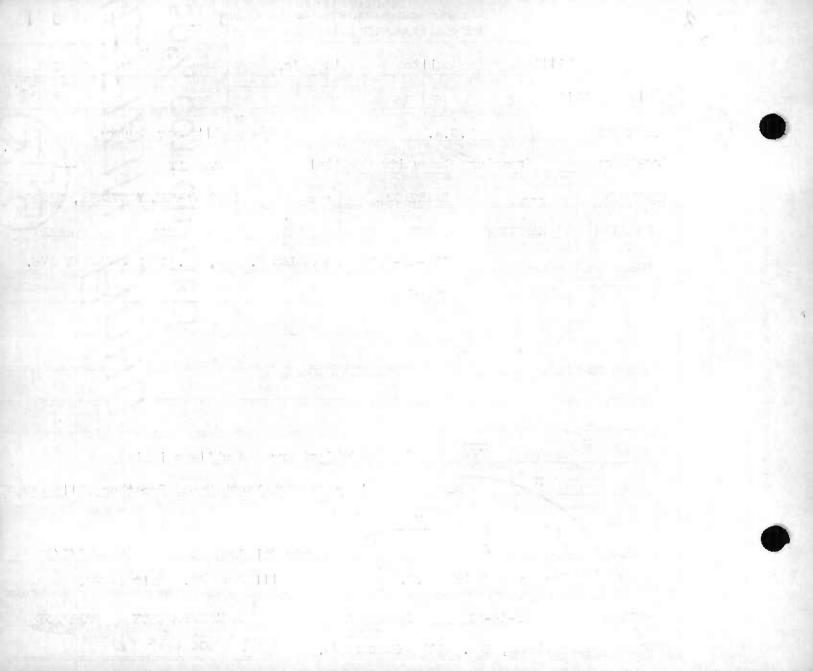
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(VRA 15, 4)

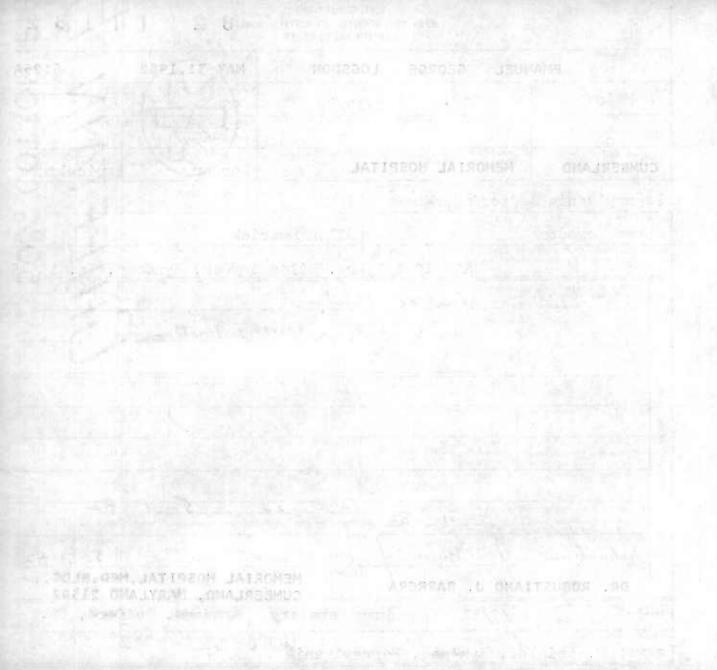
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2h HOUR MAY 10,1982 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS MOTORS BALTIMORE CITY OR COUNTY OF DEATH Allegany 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE House Wife 13e. STREET ADDRESS PRESS CONTROL Street Elizabeth Beeman Cumberland, Md. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) COOKIN MATE r) opinion death occurred on the date and hour and from the course stated PHYSICIAN THE DIRECTOR PHYSICIAN MEMORIAL HOSPITAL, MED. BLDG., CUMBERLAND, MARYLAND 21502 STATE Burial Green Cemetery Lonaconingarreta 24 FUNERAL DIRECTOR Eichhorn Funeral Home ADDR Lonaconing,

RUBY THE TENNY LOCKER TO THE P Femals thite dury is, 1898 bg x -4 .4.8.0 / 23 CUMBERLAND - MENORIAL HOSPITAL William H. Green Marie Volz Gumberlood, Mg. DIN 1916 SELESIS SIMB 5110116 1585 1373 3 110 1110 5. J. F. F. EEN HEIDIN PARTS 15 during 5/13/82 Gruen Gemeterv by distribution and Michigan superal Home Claracening, Mil.

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	3. SEX		4. RACE	5. DATE OF BIRTH		GE (IN YEARS IF L	NDER 1 YR.	IF UNDER 24	HRS. 2c. DA	TE	MONTH	DAY		24 HOUR 3:15
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S	> 1	ARYLAN		U.	S.A.		WED 🗆	DIVORCED	□ A11	egany		٧,		MD.
1		ostburg		II. NAME OF HOSP		ADDRESS)	HER INSTITUT	TION 1	20 USUAL OCC FOR MOST OF W STUI	ORKING LIFE)	YPE OF WORK	126 KIND OR IN	OF BUSI DUSTRY	INESS
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Ì	I4 FA	THER'S NAME		MIDDLE			15. MOTHE	R'S MAIDEN						
ł	1	WILLIAN	M H	AMILTON	LEE	SR	IN	EZ	DE	LORES		BAR	KER	
ĺ	16a. W		EVER IN U.S. AR			SECURITY NO.	17 INFORM	TAANT		ADDRES	SS	2.11		
Į		NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		218-8	8-9925	WILI	LIAM H.	LEE, S	SR. 105	52 PAR	KSLEY	AV	Ε.
		18 CAUSE OF	DEATH (Enter on	ly one couse per line fo	or (o), (b), and	l (c).)	- 141				11	APPRO BETWEEN	XIMATE IN	NTERVAL IND DEATH
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1	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDITIO	ON FOR WHIC	CH OPERATION Y	WAS PERFOR	MED?				20 AUTO	OPSY?	
	TIFK											YES	(X)	NO 🗆
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ŀ			/	e of the remains descr	bed above_h			Inspection [, Inquir		and in my op			1
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ł	73 o PI	TYPE OR PRIN	ION, REMOVAL 2			OF CEMETERY	ADDRESS_		23d. LOCATION		110.,	1410.		
١	(5)	ECIFY)	ION, KEMUVAL I					JKY	CITY OR TOWN		COUN		STATE	
ł	24. FU	BURIAL NERAL DIRECT	OR .	05-10-82		LOUDON P 2122		250. DATE REC	BALTIM	RAR 25M REC	GISTRAR'S.6	MARY	AND	
ĺ	н	BBARD F	TINERAL I	HOME, INC.	4107 1		7	MAY	1 0 1983		VC60 2	many	-	
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	1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	2 I	1 1	8 2
(m)		CEASED NAME FIRST EMA	NUEL (GEORGE		GSDON		31,1982	DAY YEAR	6:25A
6 9 5	3. SE	Male	4. RACE · Ca.	u.	S. DATE C	17/89 YEAR	6 AGE (IN	YEARS LAST BIRTHOAY)	MONTHS DAY	
leath. Po		RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WH	HAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	ATTE	gany		MD
by the further day the further		UMBERLAND		SPITAL, NURSING		OR OTHER INSTITUTION		OCCUPATION RK FOR MOST OF WORKING	GUEEN INDUSTR	OF BUSINESS OR
filled in ould be	P.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COURT PARTY IN THE PROPERTY OF THE PROPERTY IN THE PROPERTY OF THE	NTY 13	E RESIDENCE BEFORE ALL CITY OF TOWN Hyndman	4	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS		
mpletely and 2 sh	14 F	Mose Logsdon	WIOOFE	LAST		15. MOTHER'S MAIDEN NA Ellen Emer		WIGGE		LAST
Poges 1		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIT NO	E WAR OR DATEST	50 SOCIAL SECUR		IT INFORMANT Irs. Hilda	Snyde	ADDRESS r, Hyndr	man, P	a. 1554
requires that the dec n signed by the atte Then please remove injury, or ather trour	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((c)	S A CONSEQUENTERIBUTING TO D	NCE OF	lenin Walk	V		SIVEN IN PART	l(a
The law rician. te has bee sail permit. Shows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIC	ON FOR WHICH O	OPERATIO	N WAS PERFORMED	20a AUTO	IN CER	YES, WERE FINE TIFYING CAUSI YES []	DINGS USED ES OF DEATH? NO
HYSICIAN: T ding physici is certificate burial-transi Mental Hygi ar Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	HOUR A.M.	MONTH DA	Y YEAR	216 HOW INJURY OCCUR	RRED (ENTERN.	ATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)
After the e as the labelth and	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET,	FACTORY, OFFICE, FA	RM, ETC }	STREET	2_	CITY OR TOWN	COUNTY	STATE
RATTENII RECTOR. ed for us pt. of Hee		27a. I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no 27b. SJONAJURE	5-	2/ 10 0		d that in (my) (our) opinion	death accurre	ed an the date and h		ne causes stated
HOSPITAL OR Index by the I FUNERAL DIS VIDE DESCRIPTION OF THE STORE DE ORTANT: If IN		Mobustiano	1.	mere,	1	MD ATTENDING PHYSICIAN [STAFF PHYSICIAN	5-	-31-82
TO HOSPITAL retained by 1 TO FUNERAL should be def with the State IMPORTANT:	22- 1	DR. ROBUST	IANO J.			CUMB	ERLAN	HOSPITAL D, MARYL		
BP	Bu	BURIAL, CREMATION, REMOVAL	6/3/82	Hyi	ame of c nd ma	n Cemetery		edman, Be	0.1	lase.
DHMH - 16 50M 1/81 (VRA 15, 4)		ovey H. Zeig:	ler, Hyn	adoress	Penn	sylvania	18 C'D. 19	ES STRAP TO PRO	A THIR'S SIGN	ATURE



MAY SECTIONS		HOWY DRAWES	10A5
59	ne jo ləi?	eðiri	e <u>f</u> n
ALLEGALY COUNTY,	31	.4.8.0	î.c.: <u>F</u>
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		v.2 1.15(3)	

	1	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0.	11	8 4
1		ECEASED NAME PE OR PRINT)	FIRST		MIDDLE		AST .	2a DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
1	_		Charles		sley	-	onald	MAY 15.	1982		4:20 A
	3. SE	Male	4 RA	Whi	ite	S. DATE O		6. AGE (IN YEARS LAST BIF	THDAY) IF MO	O' O	OURS MIN.
37		SIRTHPLACE ISTATE OR COUNTRY) Maryla	and	U. S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED XX	9 BALTIMORE CITY O	70.	FDEATH	MC
52		Cumberland		F NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET ED HEART	ADDRESS)	TAL	12a USUAL OCCUPAT ITYPE OF WORK FOR MOST O ROOSER,	ON	126. KIND OF B INDUSTRY. Roofing	USINESS OR BUS.
St. part p	13a.	aryland	13b. COUNTY Allega		GIVE RESIDENCE BEFORE 13c CITY OR TOW LaVale		YESXX NO	13. STREET ADDRESS 9 Macy Dr	•		
examine ()	14. F.	George	MIDDLE E.		McDona	ld	Sadie	AE MIDDLE		Kner	go
nedicol	16a. \	WAS DECEASED EVER	IN U.S. ARMED F		166 SOCIAL SECU	PRITY NO.	17 INFORMANT	ADDR			21502
e a		Yes,		# 2	219-14-	6458	Mr. Robert 1	Brown, 9 Ma	cy Vr.		Md.
any injury, ar other t	CERTIFICATION	gove rise to immediate (a) stoffin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA	og the lost.	(c) ITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	NAL DISEASE OR CON	20b IF YES, V	VERE FINDINGS	S USED
S	RTIF							YES NOW	YES [NG CAUSES OF	NO [
tem 18 s		210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION MEDICAL CONTRIBUTION CONT	CAUSE OF DEATH	Ib. TIME O HOUR A.I P.I	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	TY IN ITEM 18 PART	I OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURE WMILE NOT WE AT WORK AT WO	OLE C		OF INJURY EET FACTORY OFFICE, F	ARM, ETC).	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 is m		220.1 certify that (1) saw the decease obove, (1) (we) (c		511.	5 19	6.5 '01	nd that in (my) (aur) apinion a	toeath occurred on the de	ite and haur a		t (1) (we) last ises stated
T: If Hem		226. SIGNATURE	Zws	1	~		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE SIG	SI SZ
MPORTANT		22d. PHYSICIAN'S N		МВ			27e ADDRESS	TVE CLIMA	IEDI AND	MD 01	500
¥		BURIAL, CREMATION, ISPECIFY) Burial		M.D. DATE /18/8	23c N		1915 SETON DR EMETERY OR CREMATORY Cemetery	23d. LOCATION CITYORTOWN Eckhart		MD 21	STATE
/81	24 F	UNERAL DIRECTOR					21502 250. DATE	REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATUR	Lycana

CUMBER! AND

DHMH-16 50M 1/81 (VRA 15, 4)

the second secon Make 1916 55 Constanting, Carrent that the land the Constant the Const Charleng Account Courses An Expense Account to the State of the Course o George E. Leronald Sails --Vas. 35 4. # 2 "Siy-14-6552 18. Robert Stocks, 5 124, 22. Layatt, 14. and the second of the second o Contract of the second of the Burtist 5/13/31 telefrant tereform Eccinari, Atlagame Naughand A CARDINE HEAVING CHERT ST. AND THE SECURITY OF THE SECURITY O

3	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	1 1 8 5
od be	1. DECEASED NAME FIRST (TYPE OR PRINT) FRED	DA BARBARA	MILLER		DAY YEAR 26 HOUR 5:50P
4 may tar. pag after de	3 SEX Female	4 RACE White	5. DATE OF BIRTH May 9, DAY 1916	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 1 3	BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MONORCED	9 BALTIMORE CITY OR COUNTY Allegany	OF DEATH MD
10 miles	CUMBERLAND	MEMOR I'AL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE RETAIL)	12b. KIND OF BUSINESS OR INDUSTRY
y filled in hauld be	USUAL RESIDENCE IF NURSING HOME OR 130. STATE Maryland Alle	other institution give residence before NTY 136 CITY OR TOW Cumber 1	and 13d, INSIDE CITY LIMITS?	13e. STREET ADDRESS 523 Valley S	Street
completely and 2 s	Jesse	W. Bell	15. MOTHER'S MAIDEN NA Mary	Ellen	McCarty
be exected on and of streets.	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		Schade, Cumber	land, Md.
n	Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause lost. PARTS OF ER SIGNIFIC. 21g. ACCIDENT WAS UNDERLYING	DUE TO, ON THE TO THE TOTAL	in hypellen	IN CERTIF	WERE FINDINGS USED (ING CAUSES OF DEATH?
ATTENDING PHYSICIAN: The spiral or attending physician (CTOR, After this certificate I for use as the burial-transit of Health and Mental hygien 121 is marked or Item 18 should be a control or the spiral burial or the spiral burial spiral b	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that I this hospi sow the decision obove.	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	21f LOCATION 21f LOCATION 3, 19 2, 19 3, 19 3, 19 3, 19 4, 19 4, 19	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA	COUNTY STATE
TO HOSPITAL OR retained by the ho TO FUNERAL DIRE should be deteched with the State Dept IMPORTANT; if Item	23a. BURIAL, CREMATION, REMOVAL	WILLIAMS, M.	22e ADDRESS MEM	MEDICAL STAFF DIRECTOR PHYSICIAN D ORIAL HOSPITAL BERLAND, MARYL 138 LOCATION	AND 21502
BP DHMH - 16 50M 1/81 (VRA 15, 4)	Burial 24 FUNERAL DIRECTOR William G. Ki	May 27,82 Hi ght, Cumberla	nd, Md.	Pk. Cumber Land TERECD BY REGISTRAR 25 Y GISTO UN 1 1982	Allegany Mo

STATE OF MARYLAND

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3005	523 Valley St	:01	Drulue	loginy Curt	i. breigned
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.b. ,bms	Schade, Cumberl	beaty i.	03_01_00-	-112	oM oM
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	2 ×	\$		St. 1387	
C M /G NEOT CAL PLOS NO 21502	RIAL MOSPITAL I	MEM TENS	.о.н	THY TO A	
	etc. Gumbert and, N 1 , 1982 - صحیح			Mmy 27,82 Eight, Cumbe	

	retained by the hospital or ottending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral director, make the hinted frame of the hinted standard for use of the h
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FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	8	REG. NO.	1	1	i	8	i
ACCED MIANTE							_	_

1	REGISTRAR				CERTIF	FICATE OF DEATH		REG. NO	2		
	ECEASED NAME	FIRST		MIDDLE		LAST	2a DATE O	FDEATH		DAY YEAR	2b HOUR
{TYP	PE OR PRINT)	IARRY	ELLS	WORTH MIL	LER	2	MAY	31,	1982		7:10P.
3. SE	X	4	RACE	5	DATE	OF BIRTH	6. AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
-	MALE	- 3	WHI	TE	JÜN	E 1° 19°09	73		YRS.	MONTHS DAYS	HOURS MIN.
7a. 8	SIRTHPLACE (STATE OR FO	DREIGN 71	CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED		-	_	Y OF DEATH	
	MD.		USA	·	VIDOWI	ED DIVORCED	ALLE	EGANY	con	NTY,	MD.
CU	MBERLAND		SACRE	BUHEART	Hos	SPITAL		OCCUPATION E		PAPER	MILL
13a.	STATE MD.	IS ACPUTE		GIVE RESIDENCE BEFORE AD 13WHSTRIP		13d INSIDE CITY LIMITS?	13° 149	WOODS	ST.		
14 F	ATHER'S NAME FIRST HARRY	MI	E.	MILLE	R	15. MOTHER'S MAIDEN NAME ELTZABE	-	WIDDIE		GOOD	ST
	WAS DECEASED EVER IT (YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	217 09 56		17 INFORMANT VIRGINIA MILL	ER	ADDRE		RT,MD.	
	18 CAUSE OF DEATH	Enter only	one couse per	line for (gar) b), and (c		, /	1			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WA	MMEDIATE		Res	DIR	ATORY TO	Alu,	Re		2100	N TRAINE
	4917			R AS A CONSEQUENCE	cs of	0 11					
	Conditions, if ony,		(b)_	Acu	te	Grente	2				
	gove rise to imme couse (o), stoting	ediote the	DUE TO O	R AS A CONSE TON	00.00	المرام الما	\		65		
	underlying couse	lost.	(c)	Del	ren	e con)				
-	PART 2. OTHER SIGNI	IFICANT CO	NDITIONS CO	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CON	DITION GIV	EN IN PART 1	0
ě											
CERTIFICATION	190 DATE OF OPERATI	ON	19b CONDI	TION FOR WHICH OF	PERATIO	N WAS PERFORMED	YES [NO 🗌	IN CERTIF	S, WERE FINDIF FYING CAUSES ES []	
l iii	210. ACCIDENT WAS UNDE		21b. TIME O	FINJURY M. MONTH DAY	YEAR	21c HOW INJURY OCCURR	RED (ENTERNA	TURE OF INJUS	Y IN ITEM 18	PART 1 OR PART 2)	
S	OR CONTRIBUTING CA		P.,		19						
MEDICAL	21d INJURY OCCURRE	D	21e. PLACE	OF INJURY EET, FACTORY, OFFICE FARA	. ETC.	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
>	AT WORK NOT WHILE	E 🗌	(AT HOME, SIR	EET, FACTORY, OFFICE FARM	n, e1C)	JAKET					
	220.1 certify that (1) (this hospito) ottended th	e deceosed from		. 19	, to	- 1	,	19	that (I) (we) lost
	sow the deceased above, (1) (we) (die	d olive on	new he body	after death	, 01	nd that in (my) (our) opinion o	deoth occurre	d on the do	te and hou	ond from the	couses stoted
	22b. SIGNATURE	el	1			DEGREE	1		77.71	22c. DATE	
	-	40	Jagmi	1 MM		ATTENDING PHYSICIAN	MEDICAL	D PHYSIC		6-2	2-82
1	22d. PHYSICIAN'S NAT	VIE (TYPE OR P	RINI	1,		22e ADDRESS				21502	
	WAGONER	, GAI	RY M.			925 BISHOP	WALS	SH RD	., C	UMBERL	AND, MD
23a.	BURIAL, CREMATION, R	EMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOC	ATION			11,445
	BURIAL		JUNE 3	1982 PHII	05 (CEMETERY	WES.	rernp(JKT.	ABPEGAN	Harris .
2100	O A NAME CO		out	ADDRESS		25a. D	C P. BY F	TUBER	200年初的	MARK HIGHAT	URE
F _R	OAL S FUN	EKAL	HOME,	III CHUR	CH	ST. WESTERN	PORT,	MD.			

DHMH - 16 50M 1/81 (VRA 15, 4)

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	. co myo.	, T		S. William III	.m
		THE KIR			THAN
			755 00 753		

1		EASED NAME	FIRST		MIDDLE	LAST		20 DATE C	F DEATH	MONTH	DAY YEAR	Т
	TYPE	OR PRINT)	LLOY	'D	AUSTIN	MIL	LER	MAY	14.	1982		
3	. SEX			4 RACE		5. DATE OF B	IRTH	6 AGE (IN	YEARS LAST BIR		IF UNDER 1 YEAR	_
		Male		Whi	te	June 18	3, °1933 YEAR	48		YRS.	MONTHS DATS	
> -13	e. BIF	OUNTRY	OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY	2 8	NEVER MARRIED	9 BALTIM	ORE CITY C		Y OF DEATH	Ī
	Ma:	ryland		US	A	WIDOWED		A	LLEGA	NY CO	UNTY,	
2	Cu	ror town of d mberland		(IF NOT IN S	F HOSPITAL, NURSI SUCH FACILITY, GIVE STREE ACRED HEAR	T HOSPI		(TYPE OF WO	OCCUPAT RK FOR MOST O enter		12b. KIND INDUSTRY Carpe	1
2	JoUA 3a S	L RESIDENCE (IF NE	IRSING HOME OR	OTHER INSTITUTION	13c CITY OR TO	RE ADMISSION)	INSIDE CITY LIMITS?	13e. STREET	ADDRESS			
		ryland	Garre	tt	Lonaco		ES NO 🔀		e 1, 1	Box 8	6	
	4 FA	THER'S NAME		MIDDLE	LAST	15.	MOTHER'S MAIDEN N	AME	WIDDLE	1200		4.4
0		Lloyd		L.	Miller		Nellie				Green	
2		AS DECEASED EVE		MED FORCES		URITY NO. 17	INFORMANT		HOU	te 1.	Box 86	Ó
of -		No			218-30-	0091 M:	rs. Nellie	Miller			ng, Md.	1
		Conditions, if or gove rise to in couse to sto underlying cau	mmediate ting the ise last.	DUE TO,	OR AS A CONSEOU	IENCE OF						
G	FICATION	gove rise to in couse 101, sto underlying cau	mmediote ting the ise last. GNIFICANT C	DUE TO, (c)	OR AS A CONSEOL	DEATH BUT NO	T RELATED TO THE TER	20a AUT		20b. IF YES	VEN IN PART 1 S, WERE FIND FYING CAUSE	11
9	CERTIFICATION	gove rise to in couse 101, sto underlying cau	mmediote ting the isse last. GNIFICANT C	DUE TO, (c) CONDITIONS	OR AS A CONSEOU	DEATH BUT NO	'AS PERFORMED	200 AUT	OPSY?	20b. IF YES	S, WERE FIND FYING CAUSE ES	11
	CERTIFIC	gove rise to in couse Ioil, sto underlying cau PART 2 OTHER SII 190 DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING	mmediate ting the see last. GNIFICANT (ATION INDERLYING CAUSE OF DEA	DUE TO, (c) ONDITIONS 196 CON 216. TIME HOUR	OR AS A CONSEQUENCE OF INJURY A.M. MONTH D	DEATH BUT NO HOPERATION W		200 AUT	OPSY?	20b. IF YES	S, WERE FIND FYING CAUSE ES	11
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	MEDICAL	gove rise to in couse Ioil, sto underlying cau PART 2 OTHER SII 19a DATE OF OPER 21a ACCIDENT WAS to OR CONTRIBUTING [HEITHER NOTIFY ME] 21d INJURY OCCU. WHILE NUT NOTIFY ME 22a.1 certify that sow the deceived.	mmediote ting the se lost. GNIFICANT C ATION INDERLYING [GAUSE OF DEA DICALEXAMINER IRRED WHILE [VORK VORK (I) (this hospi	DUE TO, (c) ONDITIONS 19b CON 21b. TIME HOUR 11c. PLAC (AT HOME.	OR AS A CONSEQUENCE OF INJURY A.M. MONTH D P.M. E OF INJURY STREEL FACTORY, OFFICE. the deceosed from.	DEATH BUT NO H OPERATION W AY YEAR 19 FARM ETC.) 21	AS PERFORMED C HOW INJURY OCCUL LOCATION SIREET of in (my) (our) opinion REE	YES	OPSY? NO ATURE OF INJUI CITY OR TO	206. IF YE'S IN CERTIFICATION OF THE SECOND	S, WERE FIND FYING CAUSE ES D PART I OR PART 2}	1175
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e 4 mc ctor, p	3 SE	MALE	7	WHITE		5. DATE O			90	YRS IF U	THS DAYS	HOURS MIN.
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AND 2120	13a. S	AL RESIDENCE (IF NURS TATE		OTHER INSTITUTION	N, GIVE RESIDENCE BEFO 134. CITY OR TOV	re admission) NN	134 INSIDE CITY LIMIT	S? 13e. STRI	eet address 1 Fayet	-		
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e execute n and cor Poges 1		/AS DECEASED EVER	IN U.S. AR		166 SOCIAL SEC		17 INFORMANT		ADDRESS -			
be es		No			579-58-	-0314	Fay Mill	er Mai	nsfield	Cun		and, MD
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or oftending physician. When this certificate has been signed by the oftending physician and completely filled in by on the burial-transit permit. Then please remove corbonopers. Pages 1 and 2 should be filled in by any month Hygiene prior to burial, cremation, or remayal.		PARTI. DEATH W Conditions, if ony, gove rise to im- couse (o), stotic underlying couse	MMEDIA which mediate g the	D BY: IE CAUSE (o) DUE TO, C	OR AS A CONSEQUENCE OF A CONSEQUENCE O	JENCE OF	allen e	leve	-		Han	-charles
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DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for with the State Dept. of

SEMITION 5-14-1982 24 FUNERAL DIRECTOR

236. DATE

23a BURIAL, CREMATION, REMOVAL

James F. Scarpelli, Cumberland, Md.

23c. NAME OF CEMETERY OR CREMATORY

RIAND MARY 23d. LOCATION CITYORTOWN Martinsburg

STATE

Rosedale Crematory

ATEMART CORDEN MOSS MAY 11, 1982 METATON CUMBERLAND MEMORIAL DOSPITAL - - TOPEC DO. Sept day makemus 0: or information NOT-77-2806 are norothy in hear leading and the Minte PSS PREDBEICK STREET DR. AHTHORY I, BOLLING JR. COMPERTY OF WARKING STRUCT A A War and was reparation and state of the

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. N	10			
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3. SE		4.	RACE		5. DATE C		45.5	6 AGE (II	YEARS LAST B	RTHDAY}	MONT	DER 1 YEAR	IF UNDER 24 HRS
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	VAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17. INFORMA		*** **	ADDR		-	_	
	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	705-09-98	395	MEMOR	IAL HE	SP M	EMORI	AL .	AVE	CUMI	B MD
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CERTIFICATION	196. DATE OF OPER.	ATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AU1	OPSY?	20b. IF IN CER	YES, WE RTIFYING YES []	RE FINDING CAUSES	NGS USED OF DEATH?
	21a. ACCIDENT WAS UI OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	RED (ENTER	NATURE OF INJ	JRY IN ITEM	18 PART I (OR PART 2)	
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	John	812	make	rule	14		TTENDING PHYSICIAN	MEDICAL DIRECTO	STA			31	10/83

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Hem 18 shows any

should be detached for use as with the State Dept. of Health

230. BURIAL, CREMATION, REMOVAL (SEC. (SP. CLEW) 23b. DATE May 13,1982

23c. NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

23d LOCATION)
CITY OR TOWN COUNTY COUNTY COUNTY COUNTY MALE
Cumberland, Allegany, Md.

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

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24 hou 21: 24 hou ould be must be	130. 5	AL RESIDENCE (IF NURSING HOA STATE 13b CO ryland Al	Legany	13c. CITY OR TOV Cumberl	VN	13d. INSIDE C	NO [130. STREET A	NDDRESS Washi	ngton	St.	
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rtificate be execut physician and co npopers. Pages 1 emoval. event, the medical		VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR OATES)	214-32-		17. INFORMA	dney Pa	riser.	818			21502 Cumb. Md.
DS, 201 W. PRESTON 9 quires that the death ce signed by the attending hen please remove corb to burial, cremation, or jury, or other traumatic	z	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	(b)_ DUE TO,	OR AS A CONSEQU	ENCE OF	NOT RELATED	O TO THE TERM	IINAL DISEASE	OR COND	DITION GIVE	N IN PART 1	(a)
L RECOR	CERTIFICATION	19g. DATE OF OPERATION	196 CON	IDITION FOR WHICH	OPERATIO	N WAS PERFO	PRMED	20a. AUTO	PSY?	20b. IF YES, IN CERTIFY YES		INGS USED S OF DEATH?
SKCIAN: Tong physici certificate uniol-tronsity uniol Hypographic Hem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM.	F DEATH HOUR	OF INJURY A.M. MONTH D P.M. E OF INJURY	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERNAT	URE OF INJUR	Y IN ITEM 18, PAR	RT 1 OR PART 2)	
DIVISION DIVISION To after this E os the but Office of the control of the con	MEC	WHILE NOT WHILE AT WORK	(AT HOME,	STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	80		CITY OR TOWN	N N	COUNTY	STATE
DR ATTEND hospital of her for use tiched for use ept. of Heen trem 21 is n		220.1 certify that (1) (this h saw the deceased alive above, (1) (we) (did) (die 22b. SIGNATURE	e on J	19 195		nd that in (my)	(aur) opinion	death accurred	d on the da	te and hour		that (I) (we) last couses stated
by the		22d. PHYSICIAN'S NAME	alu	wy		MN		MEDICAL DIRECTOR (STAF		5	12/20
TO HOSPITAL retoined by t TO FUNERAL should be det with the State	20	P. B. Hal	mos, M.		NAME OF 6		ial Hos	p. Mem		Ave.	Cumbe	21502 rland, Md.
BP	(BURIAL, CREMATION, REMO SPECIFY) Burial	23b. DATE 5/23			iew Cem	•	Cumb	erlan		egany	Maryland
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	uneral director NAME Wayne George	. 202 Gre	ene St. C	umberl	21502 Cand, M	d. 130	FRECO BY R	982	Name	SPIONA	With

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1		OR			DEPARTMENT		MARYLAND TH AND MEN	TAL HYGIEN	₹ 2	11	i	9	3
L	F	REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFICA	TE OF DE	TH" R	EG. NO.			- 1
1.		EASED NAME OR PRINT)	FIRST		WIDDLE	26	LAST		OF EST	WN A MONTH		YEAR	7.00
3	SEX	4. RA		ERINE S. DATE OF BIRTH	L. IA AGE	(IN YEARS IF I	PARKER UNDER 1 YR. IF I	UNDER 24 HRS.	DEATH MAT	ED 5		219 82 YEAR	2d HOUR
1				MONTH DAY	YEAR LAST	BIRTHDAY) MO		OURS MIN	PRONOUNCED DEAD				O'UO
	o. BIF	THPLACE (STATE OF	ite	7b. CITIZEN OF W	HAT COUNTRY?	83YRS.			9. BALTIMORE	CITY OR COU		19 82 DEATH	BIAM
1		est Virgi	nie	U.S.			RRIED NEVER	MARRIED		_	lega		
10). CIT	Y OR TOWN OF D	EATH	II. NAME OF HO	SPITAL, NURSING	HOME, OR O		N 12s. US	L UAL OCCUPATIO	N (TYPE OF WORK	12b. KI	IND OF BL	SINESS
	Cu	mberland		Rt #8-	- Valley			Control of the contro	MOST OF WORKING LI	,	OI	R INDUST	RY
		RESIDENCE (IF IN I	NURSING HOME O	OR OTHER INSTITUTION, C	13c. CITY OR TO	ADMISSION)	13d. INSIDE CITY L		REET ADDRESS	012/1	-		
		yland	Alle		Cumber			No to Rt	#8- Val	lev Rd			
14	I. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S	MAIDEN NAMI	E MIDDLE			LAST	
		Daniel			Cro	nin	Ar	ana			R	eyno	lds
16	O. W	AS DECEASED EVE		MED FORCES? WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17. INFORMAN	VI	AD	DRES\$1103	W.	Nole	rest 1
_		No			214-52	-1743	Alice	C. DelBo				prin	
		PART I DEATH	ATH (Enter on	ly ane couse per lin	e far (a), (b), and (d	:),)	/	2			Al	PPROXIMATE	
		Canditians, if gove rise to cause (a) static lying couse las	immediate ng the <u>under-</u> it.	< ''	R AS A CONSEQUE		as of a condition con	Lung	Mone	lieges	4	61	nos
	NO										- 7	-375	
	CERTIFICATION	19a. DATE OF OPER	RATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	D?				AUTOPSY	° NO ₩
		210. EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF D	DEATH P./	A. MONTH DAY	YEAR	HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OR I	PART 2)		
	W	214 INJURY OCCU WHILE DO AT WORK AT	T WHILE C	STREET EAG	OF INJURY (AT HO TORY, FARM, ETC.)	DME. 21f L	OCATION STREET		CITY OR TOWN	C	OUNTY		STATE
		220 I certify that death resulted from ACTUAL SIGNATURE		rol couses X,	Accident ,	Suicide \(\text{Suicide} \)	ppsy , In-	CIFY)	Inquiry , lermined manner	ond in my o		7-13	8-82
1	_	EXAMINER'S NAM (TYPE OR PRINT)		HOLAS	GIARK	RITTA	ADDIKE 33Z		Ton	DR. C	UM	BER	LAND
73	(SP	RIAL, CREMATION,					OR CREMATORY	CITY	OCATION OR TOWN		UNTY	ST	ATE
2		Burial NERAL DIRECTOR		May 14,1	1.01.	Decat	rial rar	K CU	mberland	ATTER	DV N	larv I	and
		NAME	itt m.	neral Se				编码 人了了	1982	CENTRAL ST	-		
18	11.	TCOV-JIETT	-og ru	merar be	ATCS OMI	MAT TOTT	re 911re						1

T SUBSTRICTAN The second still of second .A.T. " minion" Jeak university ond 2 Pt 48- Valley Rd and a martin and the second and are a second as a seco by validation at at at to a reduce the second Reprolds AND THE PROPERTY OF THE PARTY O 1103 V. Hollurest 214-52-1913 Alice C. Relberreil Wilver Spring, Me a to see of the release of the CONTRACTOR CHILD IN THE STATE OF STATE OF CONTRACTOR busing the latter and the latter are latter to the latter than THE BUSINESS Silcox- crritt banerel Service, bruceland, de

by the attending physician and completely filled in by the ose remove carbon papers. Pages 1 and 2 should be filled w

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1	1	1	9	4

			CERTIF	FICATE OF DEATH	REG. NO.		
	ECEASED NAME FIRST	MIDDLE	l l	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	PEA	RL MAY	PAYNE		MAY 20, 1	982	9:45P
3. SE	EX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR
	Female	White	Aug		74	rRS.	TIOOKS MI
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
1	West Virginia	USA	WIDOWE	ED X DIVORCED	Allegany		
	CUMBERLAND	11. NAME OF HOSPITAL, I			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	ING LIFE) INDUSTRY	OF BUSINESS O
130.		NTY 13c. CITY O		YES 😿 NO 🗌	13e. STREET ADDRESS 411 Central		
14 F/	FATHER'S NAME	WIDDLE	AST	15. MOTHER'S MAIDEN NAM	MIDDLE	LA	ST
	John D. Bl			Laura Le	e Posthlowaite	Tarres La Contra	
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	L SECURITY NO.	17. INFORMANT	ADDRESS	Childr	cen
	no	217-	10-7940	John & Dale	Tucker-Peggy	James, Rut	th Mill
NOI	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTION			INAL DISEASE OR CONDITION	N GIVEN IN PART 1	0)
AT	19g. DATE OF OPERATION	TIVE CONDITION FOR V	WHICH OPERALIO	IN WAS PERFORMED	20g AUTOPSY? 20b.	IF YES. WERE FINDI	NGS LISED
TIFICAT	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	IN WAS PERFORMED	206. AUTOPSY? 20b.	IF YES, WERE FIND IT ERTIFYING CAUSES YES []	NGS USED S OF DEATH?
CAL CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MONT		21c. HOW INJURY OCCURR	YES NO NO INC	ERTIFYING CAUSES	OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT P.M. THE PLACE OF INJURY	H DAY YEAR		YES NO NO INC	ERTIFYING CAUSES	OF DEATH?
MEDICAL CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	TIB. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCURR	YES NO	YES TORPART 1 OR PART 2)	NO [
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHE MEDICAL EXAMINE THE CONTRIBUTION OF THE CONTRIBUTIO	ATH HOUR A.M. MONT P.M. 718. PLACE OF INJURY (AT MOME STREET, FACTORY.	H DAY YEAR 19	21c. HOW INJURY OCCURR 111 LOCATION 19 19 10 odd that (n (m)) (our) opinion occurrence of the control of the control occurrence occurrence of the control occurrence	YES NO NO NORY IN ITE	COUNTY	SOF DEATH? NO STATE
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHE MEDICAL EXAMINE THE CONTRIBUTION OF THE CONTRIBUTIO	TIB. TIME OF INJURY HOUR A.M. MONT P.M. THE PLACE OF INJURY (AI MONE STREET, FACTOR).	H DAY YEAR 19	21c HOW INJURY OCCURR 21l LOCATION 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO	COUNTY A hour and from the	SOF DEATH? NO STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE CONTRIBUTION OF THE PROPERTY OF THE PR	THE PLACE OF INJURY HOUR A.M. MONT R) P.M. THE PLACE OF INJURY (AT HOME STREET, FACTOR). TO I STREET HACTOR. THE WORLD STREET, FACTOR. TO STREET HACTOR.	H DAY YEAR 19	21c. HOW INJURY OCCURR 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO NOR IN COMED (EMER NATURE OF INDRY IN THE CITY OR TOWN death occurred on the date and DIRECTOR PHYSICIAN DIRECTOR PHYSIC	COUNTY A hour and from the	STATE tho (I) ve) couses stated
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WEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE CONTRIBUTION OF THE PROPERTY OF THE PR	TIE. TIME OF INJURY HOUR A.M. MONT P.M. THE PLACE OF INJURY (AT MOME STREET, FACTOR). THE PLACE OF INJURY (AT MOME STREET, FACTOR). TO STREET OF INJURY (AT MOME A.M. MONT	TH DAY YEAR 19 OFFICE FARM CPL from 5	21c. HOW INJURY OCCURR 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO NOR IN COMED (EMER NATURE OF INDRY IN THE CITY OR TOWN death occurred on the date and DIRECTOR PHYSICIAN DIRECTOR PHYSIC	COUNTY A hour and from the	STATE tho (I) ve) I couses stated

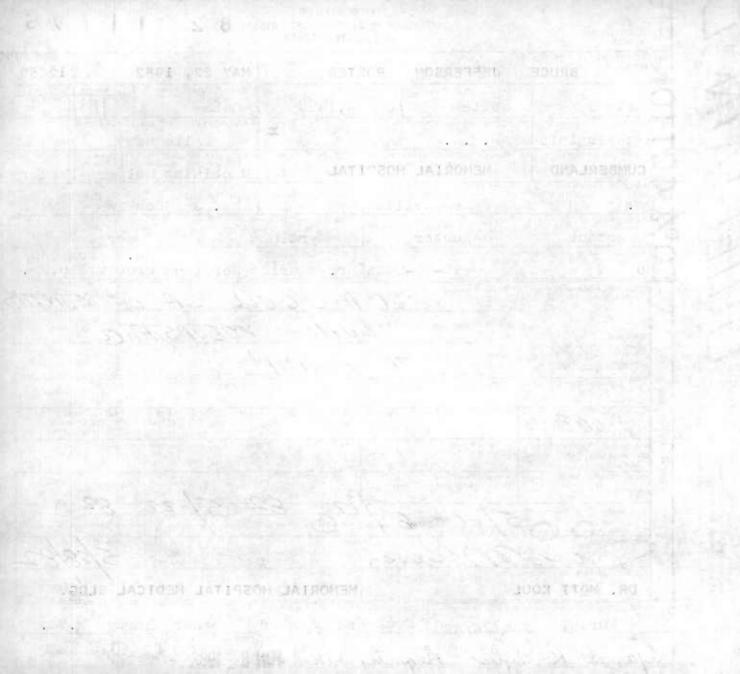
James F. Scarpelli, Cumberland, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

Mast. Law testers int netite Rent Same Venue- 100 . No. With a following the collection of the col water J. west total, was perfered, the

	1	FOR STATE REGISTRAR			DEPART		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	10	1 1	7 5
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	7h HOUR
2	(TYP	E OR PRINT)	BRUCE	JEF	FERSON	PO	RTER	MAY 22,			12:50
施用	3. SE	×		4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST B		FUNDER 1 YEAR	IF UNDER 24 HRS
EAST.		Male		Whi			4, 1929 YEAR	53	YRS	DNIHS DAYS	HOURS MIN.
00		IRTHPLACE (STATE O			WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY	_		
2		est Virg			S.A.	WIDOW	DR OTHER INSTITUTION	A1	leghen		M
30		CUMBERL	AND	. (IF NOT IN SU	MOR TAL	HOSP	ITAL	(TYPE OF WORK FOR MOST Machinie	OF WORKING LIFE)	INDUSTRY	F BUSINESS OF Factor
most be		AL RESIDENCE (IF NUI STATE Pa.	RSING HOME OR	OTHER INSTITUTION	13c. CITY OR TOW Brookvi	/N	13d INSIDE CITY LIMITS?	130. STREET ADDRESS Rd. 3	Вох	7	
S. C.	14. F	ATHER'S NAME		MIODLE			15. MOTHER'S MAIDEN NA	AME	2021	140	
		Arthu		WIODEE	Porter		Myrtle	MIDDLE	Ge	orge	T
dicol		WAS DECEASED EVE		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDI	RESS Rd.	3 Bo:	x 149
e 5		Vo	(# 125, 017	e An On Dailes,	218-30-	0465	Mr. Mauric	ce Morelar	nd Bro	okvil:	le,Pa.
t permit Then is ene prior'to but ows any injury.	CERTIFICATION	19a DATE OF OPERA					NOT RELATED TO THE TERM	200 AUTÓPSY?	20b. IF YES,	WERE FINDIN	IGS USED
m 18 sho		21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA		M. MONTH D		21c HOW INJURY OCCUR				1.0
Ment or Ite	MEDICAL	21d INJURY OCCUP			M. OF INJURY	19	211 LOCATION				
ked	X	WHILE NOT W	VHILE	(AT HOME, ST	REET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE
a a		220.1 certify that (1		al) attended th	ne_deceased from	05/	12 198	2, 5/	22 19	82	hat (I) (we) las
21 is		sow the decea above, (I) (we)	ed ol	view the body	ofter death	32/0	that ((my) our) opinian	death accurred on the c	late and haur o	and from the c	ouses stated
te Dept.	4	SHUTAMENT HER	ne	m	2 Ren	nen	ATTENDING	MEDICAL STA		5 PS	alon
AN TAN		274 PHYSICIANS N	AME ITHE C	PRINT	0		27e ADDRESS	DEMECTOR PENS	CIMALL	1-0	402
with the Stat		DR. MO	TI KO	UL			MEMORIAL H	HOSPITAL M	EDICA	L' BLDO	G.
3 3	23a E	BURIAL, CREMATION	, REMOVAL	23b. DATE	23: 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	_	Buri	al	5/24	1/82 R	ock	Oak Cemeter		Har		· Va.
OM 1/81	74. F	INPRAL DIRECTOR	0	1).				TE REC'D. BY REGISTRAN	756 REGISTRA	SS SIGNATO	JRE.

STATE OF MARYLAND



	NAME FIRST	,12b,17 MEDIC	DDLE	CERTIFICATE OF	20. DATE KNO	EG. NO.	DAY YEAR	2b HOUR
(TYPE OR PR		FE PORTER			OF EST DEATH MAT	ED 5-2-	-82 19	1948
3. SEX	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MOI			MONTH	DAY YEAR	2d HOUR
F	CAU	12-3-62	119 _{rss.}	NTHS DAYS HOURS	MIN: PRONOUNCED DEAD	5-2-62	19	1949
7a. BIRTHPL FOREIGN O		76. CITIZEN OF WHAT	MAR	RRIED NEVER MARRIE	D	CITY OR COUNT	TY OF DEATH	MD
	TOWN OF DEATH ERLAND	11. NAME OF HOSPITA IF NOT IN SUCH FACILITY MEMOR I A		THER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING L	N (TYPE OF WORK	12b. KIND OF BU OR INDUST Restau	RY
USUAL RES 13a. STATE MD.	DENCE (IF IN NURSING HOM 13b COL ALL	E OR OTHER INSTITUTION, GIVE RE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	RT 2 B0	OX 34	
14. FATHER	NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN			LAST	
16a. WAS D	ODORE CEASED EVER IN U.S. A PRUNKNOWN) (IF YES, GI	VE WAR OR DATES)	PORTER 66. SOCIAL SECURITY NO.	17. INFORMANT BE	TTY RANKING	DRESSFROS	TBURG, M	D.
NC	N	, A,	213-92-9971	MR. THEOD	ORE PORTER	,RT.2,B		34
18. C		only ane couse per line far					APPROXIMATI BETWEEN ONSE	T AND DEATH
0	III IMMED	ATE CAUSE (a) FRAC	A CONSEQUENCE OF				I HR	
2 6	onditions, if ony, which		TOMOBILE ACCI	DENT				
	ave rise to immedio ouse (a) stating the <u>under</u> ving cause lost.	Te / (U)	A CONSEQUENCE OF	DENT				- 140
		(c)						
	OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT F	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART	1 (a).			
19a. i	ATE OF OPERATION	19b. CONDITION	N FOR WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY	?
10							YES 🗆	NOXX
三	XTERNAL CAUSE WAS	21b. TIME OF IN. HOUR A.M. M		HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PA		^^
		HOUR A.M. M		DUCK LOCK OF	NITOOL DATE	ENIT MAC	PASSANG	FR
	RLYING OR TRIBUTING CAUSE O			RUCK LUST CO	NIKUL, PALL			THE PARTY NAMED IN
NO CAL	JILIRY OCCURRED	21e PLACE OF II	NJURY (AT HOME. 211 L	RUCK LOST CO OCATION STREET			UNTY	STATE
NO CAL	JILIRY OCCURRED		NJURY (AT HOME, 211 L	OCATION	CITY OR TOWN		UNTY PA	STATE
WHI AT V	NJURY OCCURRED E NOT WHILE ORK AT WORK	21e PLACE OF II STREET, FACTORY,	NJURY (AT HOME, 211 L FARM, ETC.)	OCATION STREET	CITY OR TOWN	col	PA.	STATE
WEDICAL WHIN WHIN ALV	NJURY OCCURRED E NOT WHILE ORK AT WORK I. Leertify that I taak cha	21e PLACE OF II STREET, FACTORY, PA. RT	NJURY (AT HOME, 211 L FARM, ETC.)	OCATION STREET NEAR ELLERSL	CITY OR TOWN	TATE OF	PA.	STATE
WHI AT V	UJURY OCCURRED E NOT WHILE ORK AT WORK a. I certify that I taak cho h resulted from	21e PLACE OF III STREET, FACTORY. PA. RT orge of the remains describ	NJURY (AT HOME, 211 L. FARM, ETC.) 496 ed obove, held on Auto	OCATION STREET NEAR ELLERSL opsy , Inspection	CITY OR TOWN	TATE OF ond in my ap	PA.	STATE
WHI AT V	UJURY OCCURRED E NOT WHILE ORK AT WORK a. I certify that I taak cho h resulted from	21e PLACE OF III STREET, FACTORY. PA. RT orge of the remains describ	NJURY (AT HOME, 211 L. FARM, ETC.) 496 ed obove, held on Auto	OCATION STREET NEAR ELLERSL OPSY , Inspection , Hamicide , TITLE (SPECIFY) M.D. ASIT	CITY OR TOWN	TATE OF ond in my ap	PA	
WEDICAL MEDICAL MEDICA	JURY OCCURRED E NOT WHILE ORK AT WORK a. I certify that I taak che h resulted from AL ATURE	21e PLACE OF II STREET, FACTORY, PA. RT orge of the remains describ	NJURY (ATHOME, 211 L. FARM, ETC.) #96 ed obove, held on Auto	OCATION STREET NEAR ELLERSL popsy	CITY OR TOWN IF MD IN S Inquiry V Undetermined monner MEDICAL EXAMINER	TATE OF ond in my ap	PA	
WHI AT V 2 dec EXA/(IYP) 23a, BURIAL	JURY OCCURRED E NOT WHILE ORK AT WORK a. I certify that I taak che h resulted from AL ATURE	21e PLACE OF II STREET, PACTORY, PA. RI orge of the remains describ tural cours.	NJURY (ATHOME, 211 L. FARM, ETC.) #96 ed obove, held on Auto	OCATION STREET NEAR ELLERSL DIPSY , Inspection , Hamicide , TITLE (SPECIFY) M.D. ASIT DPTY ADDRESS	CITY OR TOWN IN S Inquiry Undetermined monner	TATE OF ond in my ap	PA. Dinion ED _5-2-8	

PROSTERRE, E. FIRE PORTER, RT. S. THE DORTER, RT. S. WY - S. PRISONED, UL BANK, 10. FIRST DECEMBER 1875 AND AIR R REAL BRIDGE STREET

) [ATE GISTRAR				ARTMENT OF	FICATE OF	MENTAL HY		2 REG.		1	1	9 7
	1. DECEAS (TYPE OR PR	SED NAME	EDWARD	HARI	RIS PRI	CE	LAST	30	2a DATE C		1982	DAY		26 HOUR 11:45 F
	3. SEX	Male		4 RACE	nite	MON	OF BIRTH	1906	6. AGE (IN	YEARS LAST	BIRTHDAY)	IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN
35		PLACE (STATEO (RY) RYLAND		76. CITIZEN O	F WHAT COUN	TRY? 8. MARRI WIDOW	D NEVER	MARRIED DIVORCED	9 BALTIM	ORE CITY	OR COUN	TY OF DE	АТН]ер	anv MI
50	CUME	BERLAND		(IF NOT IN S		OSPITAL	OR OTHER IN	STITUTION			ST OF WORKING	LIFE) INDU	KIND ÖF USTRY	BUSINESS OR
36	13a. STATE	rland	13b. COU		13c CITY OR		YES 🗌	CITY LIMITS?	13e. STREET		s vage R			
Jevo/O		George		Homer		rice	15. MOTHER	R'S MAIDEN NA FIRST Mary	AME	MIDDLE	ace		Bir	nnix
e medico		DECEASED EVE		RMED FORCES? VE WAR OR DATES)		0-7999	Mrs.	L. Branch	Keech		PRESS 2 1	Mt Sa Vale.	vag	Rd cyland
ws ony injury, or other troum	PAR PAR	nditions, if an ve rise to in use (o), stat derlying cause (T 2 OTHER SIC	nmediate ring the se last.	DUE TO, (c) CONDITIONS	OR AS A CONS OR AS A CONS CONTRIBUTING DITION FOR WI	EOUENCE OF	wice	0	MINAL DISEA	SEORCO	20b. IF Y	AD ES, WERE	A'c FINDIN	Anger
	OR C	ACCIDENT WAS UP	CAUSE OF DEA	ATH HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OF	19	21c. HOW I	NJURY OCCUR	YES T	ATURE OF IN	NJURY IN ITEM 18	YES TORP		NO
em 21 is mo	220		l) (this haspi		the deceased fr		nd that in (my	, 19	deoth occurr	ed on the	dote and he	, 19 our and fro		nat (I) (we) last
14 140	//D.					7	DECORE					1	-	
ORTANT	724	PHYSICIAN'S N	AAME ITIME	ko	لسو	_	DEGREE	ATTENDING PHYSICIAN SS	MEDICAL DIRECTOR	PHYS		M	AY 7	1982 1982

DHMH - 16 50M 1/81 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b DATE May 9, 1982 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Hillcrest Burial Park

24. FUNERAL DIRECTOR 4. FUNERAL DIRECTOR
NAME
Silcox-Merritt Funeral Service. Cumberland, Md

Allegany Maryland Cumberland

1 2 1 1 1 2 0 MAY 5, 1922 11:45 R 33 M FINEAH ORANGE 0.00 CONTESTION DATE OF THE PROPERTY OF Malikey galifall E Wash and See Ed leminal liver to ale Ceorde Fine Price Similar 2 10 2 200 220-10-7999 - Irs. Monas Leadh Mainterland in the first of the second of JELON JACON TO THE HEALT OF THE HEALT BLUE. COMPERATION, MAY 51500 Series the series the series of the series o Billions minist Tenerell Service, mileriand, th STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DATE OF DEATH

REG. NO

82

IF UNDER I YEAR

76 HOUR

-	REGIST
B.AT	(TYPE OR PRINT)

BIRTHPLACE (STATE OR FOREIGN

JO CITY OR TOWN OF DEATH

Cumberland

Maryland

Maryland

4 FATHER'S NAME

Frank

REGISTRAR			CERTIFICATE OF DEATH	
ECEASED NAME	FIRST	MIDDLE	LAST	20
L ON PRINTI	JOHN	LEO	REITMEIER	
ale	4 RACE Whi	te	5. DATE OF BIRTH Feb. 24. 1916	6. /

76 CITIZEN OF WHAT COUNTRY?

MAY AGE LIN YEARS LAST BIRTHDAY

9 BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR

MARRIED NEVER MARRIED WIDOWED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

SACRED HEART HOSPITAL Employee INDUFFIE Co. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION ISE CITY OR TOWN TIM INSIDE CITY LIMITS?

13e. STREET ADDRESS 651 Greene St. YES IX 15 MOTHER'S MAIDEN NAME Melissa

Reitmeier

16E SOCIAL SECURITY NO to WAS DECEASED EVER IN U.S. ARMED FORCES? Yes W.W. 11 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE III

Allegany

139. COUNTY

17 INFORMANT

John M. Reitmeier, Cumberland, Md. (Son)

Conditions, if any, which course (a), storing the DUE TO, OR AS A CONSEQUENCE OF underlying Educe

Cumberland

Reitmeier

CONTRIBUTING TO DESCRIPTION OF RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA

MA IF YES, WERE FIND IN CERTIFYING

TIE TIME OF THIUS HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF BEATH LESSTHER NOTES WEDICALEXAMPLES 71d INJURY OCCURRED 71e. PLACE OF INJURY AT HOME STREET ENCYCLEY, OFFICE YARR, \$10.

111 LOCATION

CITY DE TOWN

our) opinion death accurred on the date and

-MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

COUNTY 12416

220.1 certify that (this hospital) ottended the deceased from saw the deceased alive an

236 BURIAL, CREMATION, REMOVAL

236 DATE

5-29-82

FREDERICK MILTENBERGER, MD. 122 S. CENTRE ST.,

23c NAME OF CEMETERY OR CREMATORY

Rocky Gap Cemetery

CUMBERLAND

ur and from the causes stated

Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

(VRA 15, 4)

AL WORK

ADELO 8 VIRGINIA AVELINES D. BY REGISTRAR THE REGIST (ARE

Cumberland

Allegany Md.

CUMBERLAND, MD.

SCARPELLI FUNERAL HOME

Reservation only Meson The land SACRED HEAPT HOSPITAL TRIBES STORES CO. interested seattle retaining Residual releasing the bush And the second second

THE NAME OF THE PARTY AND TARBUTANTS AND THE PARTY AND THE

	1	- STATE REGISTRAR			DEF	CERTI	ICATE OF D	EATH		REG. NO.			, ,
		ECEASED NAME	FIRST		WIDDLE		LAST		2a. DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOUR
	1	e on thatij	ZERN	A	BELINDA	A R	CE .			05	20	82	1127A
	3. S	X		4 RACE	9 3		OF BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
)		FEMALE		WHI	TE	MONT		04	77	Y	RS.	DAYS	HOURS MIN
9 ~		BIRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUN	TRY2 8	D NEVER M		9. BALTIMORE			EATH	
of St		est Virgi	nia	US	Δ	WIDOW		ORCED	Al	LEGANY	COLIN	ITV	MD
pe		ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NU	JRSING HOME	OR OTHER INST		120 USUAL OC	CUPATION	121	KINDO	F BUSINESS OR
250		CUMBERLAN	D		ial Ho	spital			(TYPE OF WORK FO	R MOST OF WORK	NG LIFE)	ious	ewife
ber	JUS1	JAL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	N, GIVE RESIDENCE	BEFORE ADMISSION							
must !		IARYI AND	13b COUN		13c. CITY OR		13d INSIDE CI	NO TO	Rt #:	PRESS	: 118	2	
Je -		ATHER'S NAME	ALL	P (3	TELINI	STONE ME	15. MOTHER'S			2, 202	1.1.0		
mb/2		Sampsor		P	LAST	rdan	Ma	rtha	N	IDDLE	rj.	eet	
-	160	WAS DECEASED EVER				SECURITY NO.	17 INFORMAL			ADDRESS			21502
medicol		(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216-2	2-6909	b	MEMOR	IAL HOSE	TAL M	EM AV	E CU	IMB MD
0	-	7					Ψ						MATE INTERVAL ONSET AND DEATH
event, th		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	D BY:	er line for (o), (b	o and ic.			A			BETWEEN	INSET AND DEATH
		11111-	IMMEDIAT	E CAUSE (o)	Car	ala	T 21	16 B-	1	-102.4.0			
atio		14215		DUE TO, C	OR AS A CONS	EQUENCE OF							
0 0		Conditions, if ony,	which	((b)									
1	177	gove rise to imm	nediote)			. 41						
othe		underlying couse		DUE TO, C	DR AS A CONS	EQUENCE OF							
ŏ		PART 2. OTHER SIGN	LIEV ANT C	(c)	ONITRIBUTING	TO DEATH BUT	NOT BELATED	TO THE YERM	INIAI DISEASE O	D. CONIDITION	CIVENIA	DARTI	
nlory	Z	PART 2. OTHER SIGN	VIFICAINT C	ONDITIONS C	ONITODINIO	5 TO DEATH BU	NOT RELATED	TO THE TERM	INAL DISEASE O	K CONDITION	GIVEN IN	PART HO	,1
oud (CERTIFICATION	190 DATE OF OPERA	TION	19b. CONE	DITION FOR WI	HICH OPERATIO	N WAS PERFOR	RMED	200 AUTOPS		F YES, WER		
	띹								YES \ N	OU	RTIFYING	CAUSES	OF DEATH?
shows	- 1	210 ACCIDENT WAS UND	DERLYING -	21b. TIME (OF INJURY		21c. HOW IN	JURY OCCUR	RED (ENTER NATURE			RPART 21	NO []
1 18		OR CONTRIBUTING		TH HOUR A	.M. MONTH	DAY YEAR							
Tem /	MEDICAL	(IF EITHER, NOTIFY MEDIC			OF INJURY	19	21f LOCATIO	N					
To bo	ME		HILE		TREET, FACTORY, OF	FFICE, FARM, ETC.)	STREET	,,,	cn	Y OR TOWN	co	YTAU	STATE
morked		AT WORK - AT WC	IKK.										
is.		22a.1 certify that (I)			he deceased fr			. 19	, to				that (1) (we) lost
121		sow the decease above, (1) (we) (c			y ofter death.	19, o	nd that in (my) ((our) opinion	deoth occurred o	n the date and	hour and	from the	couses stated
Item		22b. SIGNATURE	0.		-	- 100	DEGREE				. 2	IL DATE	SIGNED
T		Orola	Ben	Sto	Jan	n	A' P	TTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF		131	31/83
Z		22d. PHYSICHAN'S NA	AME (TYPE OR	Rinnsi)	, ,		22e. ADDRESS	5		2	1	11	1
MPORTAN		2 2	syle	0.5	stand	, who sac	2 m	em	Dine	Hos	in i	(2)	
IMPORTA	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	•	23c NAME OF	EMETERY OR C	REMATORY	23d. LOCATIO	N	-1		
		Burial		May	23,82	Zion I	lemori:	al Par	rkCumbe		Z	10-0	THE STATE
76	24	UNERAL DIRECTOR	**				*	25a. DAT	E-RPC'D) B CRES		GISTRAR'S	SIGNAT	OREY, Md
		William	G.	Kight.	. Cumb	erland	Md.		L/1 C 4 "		, die	1	
				-									

(0731: 28 GS 30 ZEMA BELLVE RICE . PENER TO NETTE TO SERVER MINES Y COUNTY CURSERLAND OF SURGESTION OF SU AND EVA NEW BATTIEGO and the state of t 12-30 8 1 4 16 11 2 12 6 12 3

FOR - STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
CERTIFICATE OF DEATH	

8

REGISTRAR		CERTIFICATE U	FDEATH	REG. NO.		
1. DECEASED NAME FIRST	MIDDLE	LAST	2a. DA	TE OF DEATH MONTH	DAY YEAR	2b HOUR
(TYPE OR PRINT) ALIC	E HELENA	RIGGLEMAN	MAY	4, 1982		21:20 RM
3. SEX	4 RACE	5. DATE OF BIRTH		(IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Wsite	May 14,	1907 YEAR	74 Y		HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL		0 RAI1	TIMORE CITY OR COU		
Maryland	USA	WIDOWED	DIVORCED	ALLEGA	NY COUNTY	, MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, GF	NURSING HOME OR OTHER I		UAL OCCUPATION		F BUSINESS OR
Cumberland	SACRED HE	ART HOSPITAL		F WORK FOR MOST OF WORKING SEWIFE		m Home
USUAL RESIDENCE (IF NURS)	I St. CITY C		E CITY LIMITS? 13e. STE	REET ADDRESS		
	ineral Ridg			oute2		
14. FATHER'S NAME			ER'S MAIDEN NAME		1 1 1	
	an Vocke	ASI	Mary C.	Rarton	ŁAS	T
160 WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIA	AL SECURITY NO. 17 INFOR		ADDRESS		
(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	Mr.	Benjamin C.	Riggleman.	Husband	
	er only one couse per line for to)			-00-0		MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CA	USED BY:	HF			BETWEEN	ONSET AND DEATH
4149 IMME	DIATE CAUSE (a)	11 '				
////	DUE TO, OR AS A COM	SEQUENCE OF AD				
Conditions, if any, which		CIID				
couse (a), stating the	DUE TO, OR AS A CON	NSEQUENCE OF				
underlying couse lost	(c)		Land to the same			
PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	SEASE OR CONDITION	GIVEN IN PART 14	
o (Steo)	metherits					
5 19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PER	REFORMED 200		YES, WERE FINDIN	
			YES		YES []	NO [
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		21c HOW	INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)	
		TH DAY YEAR				
CIFEITHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	211, LOCA	ATION			
MUITE NOT MHITE	(AT HOME, STREET, FACTORY,		REET	CITY OR TOWN	COUNTY	STATE
sow the deceased alive	ospital) attended the deceased		, 19, to_	1 1 1 1 1		that (I) (we) lost
obove, (1) (we) (did) (di	d not view the body ofter death		my) (our) opinion death ac	curred on the date and		
22b. SIGNATURE	HIlpen II	DEGREE	/		22c. DATE	SIGNED
11	Wagone 1	VD CV	PHYSICIAN DIRECT	CAL STAFF TOR PHYSICIAN	5-	7-82
22d PHYSICIAN'S NAME (T	YPE OR PRINTS	22e. ADDI	RESS	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		HI HER
GARY WAGONE	R. M.D.	925	BISHOP WALSH	ROAD CLIN	MBERLAND,	MD 2150:
30. BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY C		LOCATION	IDLINE IND.	11D 2130
Burial	May 7,1982			CITY OR TOWN	COUNTY	STATE
24 FUNERAL DIRECTOR	11aj 1,1902	St. Marys Ce		Imberland. BY REGISTRAR 25b. REC	Allegany,	Md.
NAME		DRESS	SAAN A	DI REGISTRARIZSE. REC	GISTRAR'S SIGNAT	UKE
SCARPELLI FUNER	AL HOME VA. AV	E. CUMBERLANI	D. MDMAY 13	5 1982 77	ca 1/a 9	V-18

DHMH - 16 50M 1/B1 (VRA 15, 4)

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, YZTEJON	MILANE LIA			innel years
	tronsol.	ANTINGOL TO	RACKED HEAT	Pere Frade (i)
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	autos . I real		Voole	
	a manuficitie . w stee	mou .m.r.		

	1	FOR STATE REGISTRAR			DEPARTI	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8	2 REG. NO.	1 1	2 0	1
		CEASED NAME E OR PRINT)	KENN	ETH	E.		I NSON	MAY 1	DEATH MONTH 4, 1982	DAY YE	2b H	
()	3 SE	x Male	1	4 RACE White			DF BIRTH H 13, DA 1917 EAR	6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS RS.	YEAR IF UNI	DER 24 HRS
900	В	eaver Dam,	Va.	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MARRIED	9 BALTIMON Alleg	E CITY OR COL		Н	. MI
Politied O	0	UMBERLAND		MEN	TORTAL HOS		DR OTHER INSTITUTION	Execut	CCUPATION	ELIP LESUS	ND OP BUS	k k
of Tarke	13g/M	AL RESIDENCE (IF NUF STATE aryland		ROTHER INSTITUTION	Cumber 12		13d. INSIDE CITY LIMITS?	40 TEEA 1	CHSSt.			
10		ernard	W.	MIDDLE R	obinson	1,0	Mary FIRST	N.	MIDDLE	Raver	nsërof	t
medicol	1	WAS DECEASED EVER YES, NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Margaret K.	Robinso	address on, Cumb	erland,	Md.	(Wife
Hygiene prior to buriol, crem 18 shows any injury, or other	CERTIFICATION	PART 2 OTHER SIG	NIFICANT (CONDITIONS CONDITIONS CONDITIONS		DEATH BUT	NOT RELATED TO THE TERM	200 AUTO	20b. II	FYES, WERE FI ERTIFYING CAI YES [USES OF DE	ATH?
olth and Mental marked or Hem	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING THE LITHER NOTIFY MED 21d INJURY OCCUR WHILE NOT WAT WORK 22a.1 certify that (1)	CAUSE OF DE	P. 21e. PLACE (AT HOME, ST	.M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	211. LOCATION STREET	RED (ENTERNAT	CITY OR TOWN	COUNT	ΙΥ	STATE
with the Stote Dept. of He IMPORTANT: If Item 21 is		sow the decess obove, (I) (we) (ed olive on did) (did no	ot) view the body	O Jour		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL DIRECTOR [STAFF PHYSICIAN [226. [
3 ≧	B	BURIAL, CREMATION		5-17-			EMETERY OR CREMATORY Memorial		reland A			STATE
M 1/B1 . 4)	24 F	TEMES RETORS	carpe	lli, Cw	mberland,	Md.		E REC'D. BY RE	GISTRAR 256. RE	GISTRAR'S SIG	NATURE	Com

A 15:8	1982 PAY 1982	1021118	Я	
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	A Called State			
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	The second of th			
			9,1 (2)	
	The second of th			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗐 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT) 200 I. 4 RACE DATE OF 3 SEX BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR DAYS HOURS White a. BIRTHPLACE ISTATE OF FOREIGN LOUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IISA Allegany West Virginia WIDOWED DIVORCED | O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Cumberland Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife In Own Home Cumberland DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS Allegany Cumberland 128 Seymour St. Maryland YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Mary Michael George Frye ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 214-07-4580 Mr. Robert L. Frye, Ridgeley, W. Va. Nephew no APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [certificote 216. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Mental Hy 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL urio (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOY COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from. and that in (my) (our) opinion death occurred an him date and hour and from the causes stated sow the deceased alive on_ obove, (1) (we) (did) (did ot) view the body, after deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING . 100 MEDICAL should be deto with the State IMPORTANT: I TO FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME TYPE OF PRINT Pleasant Dale, 231, NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Tearacoat Cemetery May 29,1982 Burial 24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATUREALL. DHMH - 16 60M 1/75 (VR A 15 (4)) James F. Scarpelli, Cumberland, Md.

STATE OF MARYLAND

	and the same of th									11	20.110.
	CBM)		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DE	
	a P			RANCIS	CASP	ER ROHM	AN S	R.		MAY 10,	198
	λου.	3 SE	X	4	RACE		5. DATE C			6. AGE (IN YEARS	LAST BIRTHOA
	Page 4 director hours af		MALE	908	WHIT	E	FEB	28 19	O5 YEAR	77	
	م عُوْ م	70. B	IRTHPLACE (STATE OR	FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8	עיע		9 BALTIMORE	TITY OR C
	death, unerol him 72		MARYLAND		USA		WIDOWE		NORCED [ALLEGANY	, con
201	by the f	C	UMBERLAND		SACRED	HOSPITAL, NURSII	OSPITA		TITUTION	120 USUAL OCC (TYPE OF WORK FOR TYPEWRI	MOST OF WO
BALTIMORE, MARYLAND 2120	filled in nould be	130	ARYLAND	136 COUNT	THER INSTITUTION TY CANY	136. CITY OR TOV	VN	136 INSIDE O	NO [13e STREET ADD 218 SAR	
RYL	within letely d 2 sho	14. F	ATHER'S NAME	AA	DDLE	LAST		15 MOTHER	SMAIDENNA		DDLE
WA			MARTIN			ROHMAN		915.7	BARBAI	RA MI	DULE
RE,	0 7 0		WAS DECEASED EVER		NED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORM	INT		ADDRESS
- W	be exected on and s. Poges		NO	(IF TES. GIVE	WAR OR DATES	214-05-1	4061	RUTH R	OHMAN 2	218 SARAT	OGA S
S, 201 W. PRESTON	vires that the death igned by the attendi en please remove can thurial, crematian, a	7	Conditions, if ony gove rise to immouse (o), static underlying couse	mediate ng the last.	(c)	R AS A SONSEQU	13/5	TIEN	SION TO THE TERM		CONDITION
CORD	low requir	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO)RMED	20a AUTOPSY	? [201
AL RE	and popular	TIFIC	DE BUIL		1.3					YES - NO	IN
OF VIT	SICIAN: T ing physici certificate uriol-transi tem 18 sh		210 ACCIDENT WAS UND OR CONTRIBUTING []	CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			21c. HOW INJURY OCCURRED (ENTER NATUR		RED (ENTER NATURE	OF INJURY IN
DIVISION OF VITAL RECORDS,	attending the this of the bus the bush ond Medor I	MEDICAL	216 INJURY OCCUR	HILE [OF INJURY REET, FACTORY, OFFICE	FARM ETC)	214 LOCATION STREE		CIT	Y OR TOWN
	ATTENDII spitol or CTOR: A Ufar use af Heoli	1	229.1 certify that (I) saw the decease above, (I) (we) to	ed olive on_	510	- 2 19		9 7 5 ad that in (my)	, 19 (our) epinion	, to5 death occurred on	the dote o
	TAL OR y the hc RAL DIRE detached tate Dept		22b. SIGNATURE	0	350	Flere		-		MEDICAL DIRECTOR P	STAFF PHYSICIAN
	TO HOSPITA retained by TO FUNERA should be de with the Stat		DR. MICHA					BMG-		ON DR.,	CUMBE
	of of star Market	23a	BURIAL, CREMATION,		236 DATE		NAME OF C	EMETERY OR		23d LOCATION	N
	DD.		TATITA T 8 T		70 3545						A PERSONAL PROPERTY.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PEG NO

25 HOUR

7:40P IF UNDER TYEAR IF UNDER 24 HRS. DAIS

OUNTY OF DEATH

VTY,

126. KIND OF BUSINESS OR RKING LIFE) INDUSTRY

BALES AND SERVICE

STREET

MEYERS

T, CUMBERLAND MD.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ON GIVEN IN PART 110

. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES T NO

ITEM 18 PART 1 OR PART 2)

COUNTY

19 1982, that (1) (Me) last

nd hour and from the couses stated 22c. DATE SIGNED

5-11-82

STATE

RLAND, MD.21502

13 MAY 1982 S.S.PETER AND PAUL CETET. CUMBERIAND ALLEGANY MD. BURTAL 250 DATE REC'D. BY REGISTRAR 256 REGISTR 24 FUNERAL DIRECTOR

STATE OF MARYLAND.

CERTIFICATE OF DEATH

SILCOX-MERRITT; 404 DECATUR ST., CUMBERLAND, MD. 201213

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

- STATE

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CENTER OF THE PROPERTY AND A SERVICE				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2c. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-, 1982 DEATH MATED □May26 Patrick Rossi 3. SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE , 2, AND 3 TO THE FUNERAL INE A 3. RETAIN-PAGE'S FOR YOUR 2 SHOULD BE FILED, WITHIN 72 TAL RECORDS, 201.W, PRESTON YEAR LAST BIRTHDAY) PRONOUNCED DEAD White 11. 1912 26 19 Male TreM May MARRIED NEVER MARRIED CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OF COUNTY OF DEATH 70. BIRTHPLACE (STATE OF FOREIGN COUNTRY USA MD Allegany WIDOWED DIVORCED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Cumberland Ret. Empolvee Memorial Hospital Fiber Co USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany Baltimore Cumberland NO [18. GIVE PAGES 1, 2, A WITH FORM PM 3. F VIT. PAGES 1 AND 2 SH ;, DIVISION OF VITAL R 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Paulina 17. INFORMANT Erigdola Frank Rossi 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Yes 214-07-4668 Bussard Mrs. Cumberland. NEW "PENDING" IN PENCIL IN ITEM 18. GIVING MEDICAL EXAMINER ALONG WITH LUSED AS A BURIAL - IRANSIT PERMIT. PAGOF HEALTH AND MENTAL HYGIENE, DIVISINEL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A Conditions, if ony, which ro man gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD, "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES [] NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211. LOCATION (AT HOME AT WORK NOT WHILE STREET, FACTORY, FARM ETC. STREET STATE CITY OF TOWN COUNTY Autopsy 22a. I certify that I took charge of the remains described above, held on ond in my opinion death resulted from: Natural couses Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Francisco Reves. М. Sacred Heart Hospital Cumberlan D. ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236, DATE CITY OR TOWN COUNTY STATE Burial 24 FUNERAL DIRECTOR LaVale Allegany Lawn Mem. BP Gar. 250. DATE REC'D. BY REGISTRAR 1251, REGISTRAR'S SIGNATURE **DHMH-17** William G. Kight Cumberland, MD (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND

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•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. FOR DIRECTOR: PAGE 3 SHOULD BE DUSED AS A BURBLI. TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEPARAMENT OF HEALTH AND MENTAL HYSIGHE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		220. I certif death resulte SIGNATURE EXAMINER'S (TYPE OR PRIN	NAME Dr. F	e of the remains der la couses X,	Peyer	Autor Suicide	Homic TITLE (SI	sacred	Inquiry determined manne	and in my	TE 5-2	25-19 land	
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FOR - STATE REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

LAST

2:05A IF UNDER LYEAR IF LINDER 24 MRS MOURS

7h HOUR

Textile

BALTIMORE CITY OR COUNTY OF DEATH

REG NO

Allegany 12b. KIND OF BUSINESS OR INDUSTRY

1331 Shades Lane

Martin 1331 Shades Lane Cumberland. Md

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

NO [

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and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c DATE SIGNED

MEMORIAL MEDICAL BLOG.

CUMBERLAND. MD. 21502

24 FUNERAL DIRECTOR 404 Decatur St

Bedford 250. DATE DEC'D BY REGISTRAR 256. REGISTRARIS SIGNATURE 1387

Silcox-Merritt Funeral Service. Cumberland, Md

DHMH - 16 50M 1/81 (VRA 15, 4)

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			FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. NO.	1208
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ctor, po		3 SE	M	4 RACE		5 DATE C	8-11 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTH'S DATS HOURS MIN.
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be execu	e medico		VAS DECEASED EVER IN U.S. AR. (IF YES, GIV	MED FORCES? E WAR OR DATES)	217-10-		Mary A. I	ADDRESS Ellswroth, 222 S 1	st St, LaVale
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he low has b	uo smoys	CERTIFICATION	19a DATE OF OPERATION			OPERATION	WAS PERFORMED	YES NO YES	
SICIAN: ng phys certifica priol-trar tental Hy	Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.A	M. MONTH DA	Y YEAR		RRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	(T) ORPART 2)
	orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE, FA	RM. ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDING Septol or a ECTOR: After of for use os 1. of Health m 21 is mort			22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did no	57	19 8	2-2 on		n death occurred on the date and hour	ond from the couses stated
TAL OR yy the horacter detached	± ± 		226 SIGNATURE	Spi	de			MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
of HOSPITAL etained by II TO FUNERAL should be det with the State	MPORTAN		22d. PHYSICIANS NAME (TYPE OF			ď.		DRIVE, CUMBERLAND,	MARYLAND
BP		-	urial, cremation, removal Burial	23b. DATE 5/8#8	2	Hille		Cumberland,	
DHMH - 16 50M 1/ (VRA 15, 4)	B1	24 FU	NERAL DIRECTOR HAFER FUNERAL I		02 NATION		1	AY 1 1 1982 Pances	AR'S SIGNATURE

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James F. Scarpelli, Cumberland, Md.

FOR

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

TYPE OR PRINTS

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20. DATE OF DEATH MONTH

2h HOUR

MOURS

12b. KIND OF BUSINESS OR

In Own Home

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

22¢ DATE SIGNED

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5-28-82

IF UNDER 1 YEAR

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- STATE

(TYPE OR PRINT)

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR I. DECEASED NAME

9 BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY T.V. Co Inc 331 Dorn Avenue Eleanor Kesler ADDRESS 33D. Dorn Avenue Cumberland, Md PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN P.O. BOX 2445, CUMBERLAND, MD 21502 June 3,1982 Sunset Memorial Park Cumberland, Allegany Burial 24 FUNERAL DIRECTOR 404 DECATOR STREET SILCOX/ MERRITT FUNERAL HOME: CUMBERLAND:Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2g. DATE OF DEATH

MONTH

2b HOUR

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	CEASED NAME	FIRST	٨	AIDDLE	17.27	LAST		2a. DATE OF		NTH DAY	YEAR	26 HOUR	?
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	Marylo			A.	Y? 8 MARRIE WIDOW	D NEVERA	AARRIED XX	9 BALTIMOR	egany	OUNTY OF E	EATH		MD.
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	Charles	Freder		lliam S	-		nche		E.		Yingl	ing	
	MAS DECEASED EVEL MES NO OR UNKNOWN)		WAR OR DATES)	214-05		Mr. Ea		Manges.	ADDRESS 120 S	. Libe	l. 215	302 St. C	Cumb.
	18 CAUSE OF DEA PART I. DEATH V	TH Enter onl	y one couse per BY:	line for (a), (b),	and ici.	-01-					APPROXIM BETWEEN OF	NATE INTERV	Al DEATH
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CERTIFICATION	19a DATE OF OPERA	ATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20a AUTOP		LIF YES, WEI			
	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEAT	HOUR A.A	A. MONTH	DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERNATU	JRY OF INJURY IN	ITEM 18 PART 1 C	OR PART 2)		
MEDICAL	21d INJURY OCCUP	HUE -	21e PLACE (OF INJURY SET, FACTORY, OFFICE	E. FARM FTC)	211 LOCATIO	N		CITY OR TOWN	C	YINUO	STA	ATE
	22a I certify that (I sow the decea- above, (I) (we)) (this hospiti	ol) attended the	19	\$2.0		(our) opinion	, to	on the date o	, 19_S		hot (I) (we	
	22b SIGNATURE	1	ale	nov	1	10		MEDICAL DIRECTOR			22c. DATES	37/	'n
	PETE	100		.D.		22e ADDRES		BERLANE	ASOPI D, MAR		D	2150	12
23a E	BURIAL, CREMATION SPECIFY) Burial		23b DATE 5/29/8			st Buri		k, Cumb	ion erland	, Alle	gany	Mary	 îland

Md.

BY REGISTRAR

DHMH-16 50M 1/81 (VRA 15, 4)

m 21 is morked or Item 18

IMPORTANT: If he

24 FUNERAL DIRECTOR

21502 H. Wayne George 202 Greene St. Cumberland,

Pould U.S.A. XX. Assessor Hastiand U.S.A. XX. MEMORIAL MOSPITAL Class Instract and Assessor Pould Assessor State and Assesso
ACHARIA C. S. A
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uralus faeduniae (Cilian Sunder Landre). Yighaig H. 11902 , 214-05-6976 Hr. while G. Handes, 120 S. Liberay S., w
1502 Hd. 21502 , 214-05-6976 Hd. case E. Hanges, 120 S. Liberty SE. W
214-05-6976 Mr. Last E. Hanges, 120 S. Liberty St. W
[2] 이번 사람이 많은 사람이 가는 사람이 있는데 200kg 이번 전에 보고 있는데 보고 있는데 100kg 이번 보고 있는데 100kg 이번 100kg 이번 100kg 이번 100kg 이번 100kg

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR 1. DECEASED NAME KNOWN (TYPE OR PRINT) Milson Charles Thomas DEATH MATED KR MOU 3 SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED White. Sept. 15,1911 70 Male DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U. S. A. Allegany DIVORCED XX ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 806 Greene St. Postal Employee Cumberland. U. S. Gov't. 13e STREET ADDRESS Allegany 13d. INSIDE CITY LIMITS? Cumberland. Maryland 806 Greene St. YES XX NO [15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE THomas James Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 219-03-8595 Mrs. Dolores L. Lester. 1502 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Heart Failure IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Myocardial infarction, Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF Coronary heart disease. lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED THE PLACE OF INJURY (AT HOME. 211, LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE! BALTIMORE, MARYLAND, 21201 XX 27a. I certify that I taak charge of the remains described above, held an Natural causes XX Hamicide Undetermined monner death resulted from: Suicide TITLE (SPECIFY) 5/21/82 MEDICAL EXAMINER 900 Seton Dr. Cumberland, Md. 21502 Giovanni Mastrangelo, M. D. 23a BURIAL, CREMATION, REMOVAL 23b, DATE (SPECIFY Burial Cumberland, Allegany Mariyland Rose Hill Cemetery. 5/22/82 BP. 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S LIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** H. Wayne George 202 Greene St. Cumberland, Md. (VR A15 ME (5)) 15M 2/80

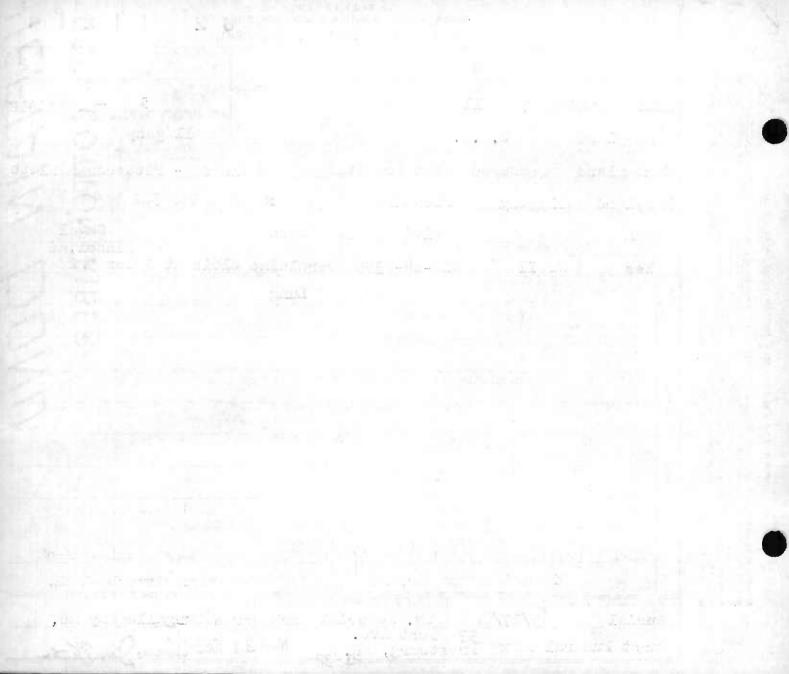
William I to the control of the cont 10:30 Neg 14, 4 Pag ca nerinal, red-nacuelal. r Prairie inglique II. S. Seule. and the country of th 195144 Aures of Thomas of Arrest 726, n. P. P. L. 219-33-2393 ... Parents t. Libert, 1502 Willer M. Tugomedich Unithesium, Community Found of Lanceson, General Las Santiges, M. J. 940 Charles Dr. Cambertiges, Mr. 21504 Burist Sylving House Hill Common Common Actions No. Common Market No. Common Market No. Common No. Test 1 har fractionalistic and amount 17% agreeds amount in

DIVISION OF VIT AL RECORDS

STATE OF MARYLAND

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V			FOR	DEPARTMEN	STATE OF M	AND MENTAL HY	GIENTE 9	1214		
0			STATE REGISTRAR	MEDICAL EX	AMINER'S C	ERTIFICATE OF	DEATH REG. NO).		
(B.B.			CEASED NAME FIRST	WIDDLE		EAST	20. DATE KNOWN	MOSH 14482 YEAR 26 H	OC	
2 2 2 2		, M	illiam	Geworge	ULTI	S	OF ESTI-	x 19 7) \) \	
20-01	Ž.	3. SEX	4 RACE		GE (IN YEARS IF UN			MONTH DAY YEAR 2d. H		
ZZ L		Ma	le white	7 11 28	53yrs.	S DAYS HOURS A	PRONOUNCED DEAD	14 1,82 10	SON	
SSAL	3	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH		
DELAY IS NECESSARY, RI 3 TO THE FUNEAL DIRECTION OF THE STATE OF THE S	35	PO	Marvland	U.S.A.	WIDOW			ny	MD	
IS N IE FL IS SE 5		10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	G HOME, OR OTHE		USUAL OCCUPATION (TYPE	OF WORK 126. KIND OF BUSINES		
PAGE	52	Ch	mberland	(IF NOT IN SUCH FACILITY, GIVE STREET,	Hospita	27	Glass - Pi	or industry ttsburgh Plat		
3 S S S S S S S S S S S S S S S S S S S		USUA	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)			COBMULEII I Tak	,,,	
NANN SETANNA S	2	13a. S1				13d. INSIDE CITY LIMITS? 13	Rt 2 box 54	2		
D. 2, A. 3. B. 3. B. S. A. S. S. B. S. S. B. S. S. B. S. B. S. B. B. S. B. B. S. B.			ryland L. Ga	rrett Finz	eT	15. MOTHER'S MAIDEN			_	
SAFTER DEATH. IF ANY GIVE PAGES 1, 2, AND: ITH FORM PM 3, RETA PAGES 1 AND 2 SHOULI	110		FIRST	MIDDLE ULAST		Susan	MIDDLE	Sagal		
A A GE	5/4		Ohn AS DECEASED EVER IN U.S. AI			17. INFORMANT	ADDRESS			
AL SECTION	2	(YE	S, NO, OR UNKNOWN) (IF YET	OR DATES)			Ultis Rt 2			
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S HER	VAL.		11 AG IMMEDIA	ATE CAUSE (o)		OT 20079			-	
EST IN A	Z N		Conditions, if ony, which	DUE TO, OR AS A CONSEO	UENCE OF			1775		
RAPINE STATE	OR REMOVAL		gove rise to immediat	e / (b)		HISH MAN				
SAM SAM	,		couse (a) stating the <u>under</u> lying couse last.	DUE TO, OR AS A CONSEO	UENCE OF					
5.2 2.2 2.3 2.3 2.3 3.3 3.3 3.3 3.3 3.3 3	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM IB. GIVE PAGES 1, 2, AND 3 TO PAGE 4 SHOULD BE FORWARDED THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	AND W			(c)					
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD "PENDING" IN PENCIL IN 1TEM 11 PRED TO THE CHIEF MEDICAL EXAMINER ALONG PES SHOULD BE USED AS A BURIAL. TRANSIT PERMIS		z	PAKI 2 DINER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART I	(a),			
MEC AS		CERTIFICATION	190. DATE OF OPERATION	I w contribution to have	CH OPERATION IN	A C DEDECT OF HERE				
AL IN COULD OUT		(NA	CA	196. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION W	AS PERFORMED?		20 AUTOPSY?	
¥ \$82.9		RTIF	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	100 110				XX	
S THE			UNDERLYING OR	HOUR A.M. MONTH DAY	Y YEAR	W INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)		
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IVIS GER TIN TIN TIN TIN TIN TIN TIN TIN TIN TIN		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY 51	TATE	
WR WR			AT WORK AT WORK							
ATE, ATE, DRW			22a I certify that I taok char	ge of the remains described above, h	eld an Autaps	y . Inspection	Inquiry XX, on	d in my opinion		
NO. OF	3		death resulted from Nati	oral causes XX Accident	, Suicide .	Hamicide .	Undetermined manner .			
KAMIN ERTIFIC D BE I	ARY		()	111 1		FITLE (SPECIFY)				
	. \$		ACTUAL SIGNATURE	- Mass	roupe	Deputy	_MEDICAL EXAMINER	DATE 5-14-82		
2	Sec.					000.0				
A SUBSTITUTE OF STREET	X B		EXAMINER'S NAME G10 (TYPE OR PRINT)	vanni Mastrangelo),M.D.	ADDRESS 900 Set	ton Drive, Cum	berland, Md.		
52 × 5	BA -	23a.Bl	JRIAL, CREMATION, REMOVAL	23b. DATE 23c. NAM	OF CEMETERY OF		23d. LOCATION CITY OR TOWN	COUNTY STATE		
BP			urial	5/17/82 Fbg.	Memori	al Park	FrostburgAl.	legany Md.		
DHMH-1	,		INERAL DIRECTOR	57 Fros	t Ave.	25a DATE REC	D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE		
(VR A15 ME	(5))	D	irst Funeral	Home Frostbu	rg, Md.	MAY.	2 1 1982 France	o Van Withe		
15M 2/8	3					7 1 2				



	/	FOR			DEP/STA	STAT		ANDM		VGIENE	#*A			0		y546
26	1-	STATE REGISTRAR				XAMIN				FDEAT	H	REG. NO.		2	1	5
1		CEASED NAME	FIRST		WIDDLE			LAST		20.	DATE KN	OWN V	MONTH	DAY	YEAR	26. HOUR
	{1179	E OR PRINT)	CLARE	NCE	Н.		VAN	HORN	. JR.		OF E	ATED	5	23 1	9 82	
	3. SE>	4. RA		5. DATE OF BIRTH		6. AGE (IN YEA	ARS IF UN	DER 1 YR.	IF UNDER	24 HRS. 2c.			MONTH	DAY	YEAR	2d. HOUR
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3.00	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76. CITIZEN OF W	HAT COUNT	TRY?	8. MARRI	ED NE	VER MARRI	ED 35 9.	BALTIMOR	E CITY OF	COUNT	Y OF DE	ATH	
7	1.3	W. Va.		U.S.A			WIDOW	ED 🗆	DIVORCI		ALLeg	any (Count	tv		MD.
1	10 CI	TY OR TOWN OF DE	ATH	11. NAME OF HOS			, OR OTH	ER INSTITU	MOIT	12a. USUAL FOR MOS	OCCUPAT	ION (TYPE (OF WORK	12b KIND	D OF BUS	SINESS Y
4		Cumberla		Memoria						Car	T OF WORKING			Cons	struc	tion
1	13a. S		IND SCIUNT	OTHER INSTITUTION, G Y	13c. CITY	OR TOWN		136. INSIDE C	CITY LIMITS?	13e. STREET	ADDRESS					
>		.Va.	Morg	an	Paw	Paw		YES 🗌	NOX		Rural					
	14. FA	THER'S NAME FIRST		MIDDLE	ι	AST		1	ER'S MAIDE		MIDDE	E		Dank	(ST	
-	140)	Clarence VAS DECEASED EVE	D IN I I C ADA	H.		Horn,		17. INFOR/	Juani	ta		nibbs sel	-010	Pete		s,W.Va
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	У	es CAUSE OF DE	YII (Fare 1				~~	001111	SOII F	mier ar	. ITOME	1257				
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<u>-</u> 13		Canditions, if					all.							1 8		
4		gave rise to cause (a) statin	g the under-	DUE TO, OR	AS A CON	SEQUENCE C	OF.									
		lying cause las		(6)												
		PART 2 DINER SIGNIFICA	NT CONDITIONS C	DITRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERM	INAL DISEASI	DR CONDITIO	N GIVEN IN PAR	RT 1 (a),						
	CERTIFICATION															
	CAT	190. DATE OF OPER	ATION	19b. CONDI	TION FOR V	VHICH OPER.	W MOITA	AS PERFOR	RMED?				15/11	20. AU	TOPSY?	
	RTIF														s 🛛	NO 🗌
3		210. EXTERNAL CAL	OP	21b. TIME O HOUR A.A	F INJURY A. MONTH	DAY YEAR	21c. HC	OW INJURY	OCCURRE	D LENTER NAT	URE OF INJURY	IN ITEM 18 PA	ART 1 OR PAR	RT 2)		
	MEDICAL	CONTRIBUTING	CAUSE OF D	717	6. 5-23 OF INJURY			ub jec	t sho	t.						
	MEC	WHILE NO		STREET, FAC	TORY, FARM, ET		S	TREET			ITY OR TOWN		COL	UNTY		STATE
		AT WORK AT	WORK -		oldg.		Mag	nolia	Rd.	Paw	Paw			W.	Vir	rginia
		22a. I certify tha	1 I taak charge	of the remains de	scribed abov	ve, held an	Autop		Inspection	· [];	Inquiry L	J, ond	I in my op	inion		
		. death resulted fro	Nature	ol causes ,	Accident	L, Sui	icide	, Hami	cide LX.	Undeterm	ined manne	er 🔲.				
		ACTUAL	than.	1200	h				SPECIFY)	1			DATE	_	04.6	20
		SIGNATURE	1000	NA			M	D. AS	sistar	11 MEDICA	LEXAMINI	ER	SIGNE	D 5-	-24-8	32
2	-	EXAMINER'S NAMI	Ann	M. Dixor	. M.D			ADDRESS	111 F	Penn S	t., B	alto.	. Md	1. 21	201	
-	23e. B	JRIAL, CREMATION.				AME OF CEA		ADDRESS_		123d TOC/	TIÓN					
	(:	burial		5/27/82		oodrow				Paw	Paw,	forga	n. coun	W. V	STA	ATE.
	24. F	INERAL DIRECTOR							250. DATE F	EC'D. BY RE	GISTRAR	251 REGIS	TRAL	GNATE	Tarl!	ien
	.51	ACK EN	1. FII	ico TT	16. 1	201 3	104	3	M	AY 20	1982	CAN	CRO SA			100
	51	NAME	1. Ell	ico TIC	il. 1	21 3	104	3	M	AY 26	1982	Zpin	C40 >	dent	100	ALI!

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR		L CASS	CERTIN	ICAIL OI DEATH		REG. NO.					
		CEASED NAME FIRST	MIDDL	E	Į.	AST	2a DATE OF E	DEATH MONTH	DAY YEAR	2b. HOUR			
	(I ANE	JAMES	P.	•	W	IALTON	MAY 6,	1982		11:00P M			
Н	3. SEX	<	4 RACE		5. DATE C		6 AGE (IN YEA	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR				
		M	W		Mar.	14, DAY 1926 YEAR	56	YRS	MONTHS DAYS	HOURS MIN.			
1	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY?	8 MADDIEI	NEVER MARRIED	9. BALTIMOR	E CITY OR COUNT	Y OF DEATH	1-2			
2	Me	aryland	USA		WIDOWE		Alleg	any Co.		MD.			
~		TY OR TOWN OF DEATH	11. NAME OF HOSE			OR OTHER INSTITUTION	12a USUAL O	CCUPATION FOR MOST OF WORKING		OF BUSINESS OR			
)		MBERLAND	MEM	ORIAL H	OSPIT	AL		d Celanes					
	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU		CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET AL	DDRESS					
1			gany Cr	resaptor	m	YES NO	12826 M	leadow Ave	emie				
_	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	WIDDIE	LA	.51			
0		William H.	Walton, Sr			Ruth E.	Pitzer						
		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b.	SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDRESS	355				
		Yes WW!		15 20 50	046	Mary C. Walt	ton. as	above					
		18 CAUSE OF DEATH (Enter of	nly one cause per line	for (0), (b), and	(c),1				APPROX BETWEEN	CIMATE INTERVAL			
H		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	RENAL	+ CAI	RDIAC FAIL	URE						
		2898 Due to, or as a consequence of											
ď		Conditions, if ony, which											
		gove rise to immediate couse (a), stating the	1			MARROW DE			545				
		underlying couse last.	(c)	MYE	LOFI	BR0315 4	- SPLGNO	MEGALY					
	_	PART 2 OTHER SIGNIFICANT			EATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE	OR CONDITION G	IVEN IN PART 1	(0)			
	CERTIFICATION	HEPAT	OSPLENOM										
1	CA	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH O	OPERATIO	N WAS PERFORMED	20a AUTOP		ES, WERE FINDS				
	RTE								res 🗆	NO 🗌			
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF IN.	MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATU	IRE OF INJURY IN ITEM 18	PART 1 OR PART 2)				
	SAL	(IF EITHER, NOTIFY MEDICAL EXAMINE			19								
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF IN		RM ETC)	21f. LOCATION STREET	200	CITY OR TOWN	COUNTY	STATE			
	_	AT WORK NOT WHILE											
H	100	220.1 certify that (I) (this hosp	611.1	eosed from	· .	, 19	, to		, 19	that (I) (we) lost			
		sow the deceased alive or above, (I) (we) (did) (did no	ot) view the body offer	19 5 r deoth.	, on	nd that in (my) (our) opinion	death accurred	on the date and ha	our and from the	couses stated			
		226. SIGNATURE	1 Col	10	11	DEGREE	MEDICAL	STAFF	22c. DAJE	SIGNED V			
		rechard	ochund	ru	14		DIRECTOR [PHYSICIAN [5/	8/82			
	1	22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS 69 GR	EENE ST	REET		1			
		DR. RICHARD	E. SCHINDL	ER		CUMBE	RLAND, MI	D. 21502					
	23a. B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCAT	ION	COUNTY	STATE			
		SPECIF Burial	5/9/82	Sur	nset	Mem. Park			Md.	31712			

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If Ite

74 FUNERAL DIRECTOR
NAME
John J. Hafer, Jr.

La Vale, Md.

Co. Md. REGISTRAR 266. REGISTRAR'S SIGNATURE

STATE

11:0	1982 July 6, 1982	HOVJAW	.9	SEVEN	
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	Allegery Co. Md.	Augl .mxt fool	115 SB/6.	/5	Felt.

5-17-82

Jumes F. Scarpelli, Cumberland, Md.

Hillcrest Burial

- STATE

Burial

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

Allegany

Mance

RECISTRAR'S SIGNATURE

Cumberland

22c. DATE SIGNED

21502

STATE

Industrial

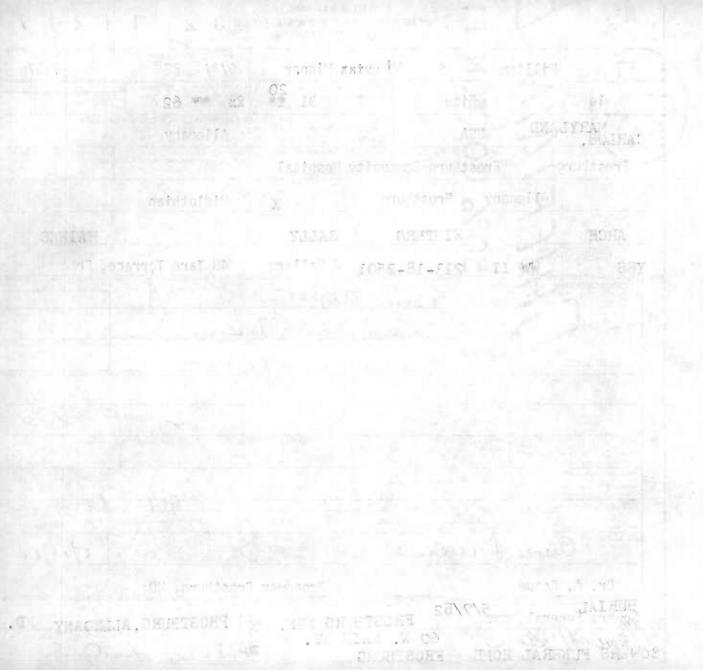
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18		FOR STATE REGISTRAR	MEDICALE		MARYLAND H AND MENTAL HY CERTIFICATE OF	GIENE 2 REG. NO	1218
9 e e 2 E		PE OR PRINT) HOLI	ce Nora	wi	nters	20. DATE KNOWN OF ESTI- DEATH MATED	May 5, 19 82 8 A M
	3. SE	Female White	5. DATE OF BIRTH MONTH DAY WEAR May 18, 1913	6 AGE (IN YEARS IF UI LAST BIRTHDAY) MONT	PRONOUNCED DEAD MAY	MONTH DAY YEAR 2d HOUR 5. 1982 9 40 M	
SERVICE SERVIC	H	IRTHPLACE (STATE OR DREIGN COUNTRY) Maryland ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNT	WIDOV		□ Allege	uny MD
DELAY IS N TO THE R. N PAGE 6. BE FILED.	0	lumberland,	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Sacred Hear E OR OTHER INSTITUTION, GIVE RESIDENCE	t Hosp.		20. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Housewife	Own Home
E, MD. 21201 EATH. IF ANY DELAY EATH. IF AND 3 TO I PM 3. RETAIN PA IND 2 SHOULD BE F VITAL RECORDS, 2	130. S	laryland All	NTY 13c. CITY	aptown,	YES NO XX	Rt. # 5, Crade	dock Rd.
0 00540 -		ATHER'S NAME FIRST Reuben WAS DECEASED EVER IN U.S. A	F	riend AL SECURITY NO.	15. MOTHER'S MAIDEN FIRST Mary 17. INFORMANT	MIDDLE	Teets
BALTIMA JRS AFTER 3. GIVE PA WITH FORES I DIVISION	((IF YES, GN	VE WAR OR DATES)			. Winters, Cru	
W. PRESTON ST v WITHIN 24 HOL ENCIL IN 1TEM IN MINER ALONG TRANSIT PERMI INTAL HYGIENE, OR REMOVAL.		Conditions, if any, whice gave rise to immediate cause (a) stating the underlying cause last.	ATE CAUSE (a) DUE TO, OR AS A CONS (b)	SEQUENCE OF	el Failce ocleratio	Kearl Des	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
O 829978	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION V	VAS PERFORMED?		20 AUTOPSY? YES \(\text{NO.XX} \)
DIVISION OF VITAL RE R: THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PEI DRWARDED TO THE CHIEF N R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA DO 21201 PRIOR TO BURIAL,	ICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR		ENTER NATURE OF INJURY IN NEW TO F	
TAAAKI 124AAKI	MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, ETG		OCATION STREET	CITY OR TOWN	COUNTY STATE
CAL EXAMINE THE CERTIFIC SHOULD BE FG SHOULD BE FG ATH, WITH TH RE, MARYLAN			rge at the remains described above ural causes XX. Accident	e, held an Autor	TITLE (SPECIFY)	Undetermined manner ,	DATE SIGNED 5/6/82
TO MEDIC EXECUTE PAGE 4 TO FUNE BAITIMO	23e. E	EXAMINER'S NAME WIC (TYPE OR PRINT) WICK	1406AS GIA. 1236. DATE 1236. N	RRITIA AME OF CEMETERY C	ADDRESS 900 Se	red Heart Hosp ton Dr. Cumber 13d. LOCATION	land, Md. 21502
ВР	{	Burial UNERAL DIRECTOR	5/8/82 Zi	on Memoria 21502	l Cemetery 125a. DATE REC	Cumberland, Al	Clegany Maryland
DHMH - 17 (VR A15 ME (5)) 15M 2/80	H.	Wayne George	202 Greene St. (Cumberland	, Md. MAY	1 1 1982 ham	- James

Female Hilliam of El. 1917 ... Standard Sather matter new Tauschile, dai news Statement Addresses controvers of the Mailding Address Poiss. Terita Cresaniania II. Assis I. Waters, Market No. 10. -- 100000 Burdel 5/2/22 Time temperal Centrator Tochestami, Attagram toggiand m. Rome George 172 Graces St. Curberland, Nd. ' &



William G. Kight, Cumberland, Md.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF	E OF MARYL HEALTH AND FICATE OF	MENTAL HYG	GIENE 8	2 REG.	NO.	1	2	2	I
		CEASED NAME E OR PRINT	FIRST		MIDDLE	0.79	LAST		2a. DATE	OF DEATH	DAY	YEAR	2b HO	UR	
1			lartin	1		Zollner			100		15,	198	2 10):50P	
)	3. SE	Х	4.	RACE	But Har	5. DATE O			6 AGE	IN YEARS LAST	BIRTHDAY		R) YEAR		R 24 HRS
P		Male		Caucas	sian	05 07 96				86 _{YRS}			MONTHS DAYS HOURS MIN.		
		IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	DE NEVED	MARRIED -	9 BALTI	MORE CITY	-		ATH		
5	1	Maryland		USA	1	WIDOWI		IVORCED	All	egany	-				MD.
7	10. C	ITY OR TOWN OF DEA	тн 11		HOSPITAL, NURSIN		OR OTHER INS	NOITUTITE	12a USU	AL OCCUPA	ATION			F BUSIN	VESS OR
16	Cr	umberland	I		Manor Nur		Home . C	umb.MD		work for mos			& O	RR	
1	WSU.	AL RESIDENCE (IF NURSI				EADMISSION									
t		arvland	Alleg	anv	Cumberl		YES T	NO T	133	Homer Homer	Stre	et			
. /		ATHER'S NAME		1151				S MAIDEN NA	-						
11		John	MIDI	DIE	Zollner		- 27	Delia		MIDDLE		M-	ince	r	
		WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORM			ADD	RESS				
		YES, NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)	705-09-	9686	Lions	Manor	N.H.	Seton	Dr.,	Cumb	perl	and.	, MD
		Canditions, if any, gave rise to imm cause (o), stating underlying couse	ediote g the s	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	ENCE OF	NOT PELATE	TO THE TERM	AINI AI TYISE	ASE OP CO		EIVEN (AL 6	PART N		
0	CERTIFICATION	190 DATE OF OPERAT			IONS CONTRIBUTING TO DEATH BUT				20a AUTOPSY? 20b. IF YE			YES, WERE FINDINGS USED			
7	TIFIC								YES [7 NOT		TIFYING O	AUSES	OF DEA	
1	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C LIFEITHER, NOTIFY MEDIC	AUSE OF DEATH ALEXAMINER)	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTE	R NATURE OF IN	JURY IN ITEM II	B PART I OR	PART 2)		
	MED	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 📑	21e PLACE		NJURY FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET			CITY OR TOWN COUNTY STA					STATE	
		22a. I certify that (I) sow the decease	d olive on	max	e deceased from 19 after death		-	(aur) opinion	death occu	urred on Ne	dote and h		am the c	auses s	
7		275 SIGNATURE	10	D	:6		ND	ATTENDING PHYSICIAN	MEDIC	AL ST	AFF SICIAN []	226	5/	SIGNED	100
		274 PHYSICIAN'S NA	ME LIVE DUE	1	00		22e ADDRE						1	1	-
1		Wayne C.	Spieg	e. M.I	D.		Set	on Driv	re. Cu	umberl	and.	Mary	Land	215	502

23c. NAME OF CEMETERY OR CREMATORY

Davis Memorial

BP_____ DHMH - 16 50M 1/B1 (VRA 15, 4)

James F. Scarpelli, Cumberland 458 Md.

23b. DATE 5-18-82

230 BURIAL, CREMATION, REMOVAL Burial

Cumberland Allegany Md. STATE

Compension and Allegany Md. STATE

Compension of the property o

